S. No. 2
M—5-42
v. 5-17-39
I X32873

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Filed DEC 1 1942 318

Registration District No. _____

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 35709

Registrar's No. 9820

**1. PLACE OF DEATH:**

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1479 Arlingtom Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)
In this community _____

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1479 Arlington Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

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3. (a) PRINT FULL NAME Fred Moehlmann

3. (b) If veteran, name war _____

3. (c) Social Security No. NONE

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Anna Moehlmann

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Sept. (Month) 30 (Day) 1868 (Year)

8. AGE: Years 74 | Months 1 | Days 22 | If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) Ill. / (State or foreign country)

10. Usual occupation Gate Keeper

11. Industry or business City of St. Louis

MOTHER FATHER

12. Name Fred Moehlmann

13. Birthplace _____ (City, town, or county) Germany 4 (State or foreign country)

14. Maiden name Louise Grabenkamp

15. Birthplace _____ (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Anna Moehlmann

(b) Address 1479 Arlington Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-26-42 (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cem.

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) NOV 24 1942 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov. day 22 year 1942 hour 1 minute 15 P. M.

21. I hereby certify that I attended the deceased from Nov. 23/42, 19____, to Nov. 23, 1942, that I last saw him alive on Nov. 23, 1942, and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Chronic Myocarditis | 3 yrs |
| High Blood Pressure | |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Rose Minnie Rose (M. D. ~~coroner~~)

Address 5411 Easton Ave Date signed 11/24/42.

(Licensed Embalmer's Statement on Reverse Side)

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Robert M. Sanford

Licensed Embalmer No. 2273

P. O. Address Stowe

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**