No. 2
-1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

4560

State File No. 1543

Registration District No. FILED MAR 2 1943 3 8

Primary Registration District No. 1003

Registrar's No.

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

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: Lutheran O Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 hrs. (Specify whether

In this community ~~2 yrs~~ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis 96

(c) City or town Jemay (If outside city or town limits, write "RURAL") NR

(d) Street No. 432 Hoffmeister (If rural, give location)

(e) Citizen of foreign country? — (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME Infant Moellinger

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married, divorced newborn

6. (b) Name of husband or wife

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

7. Birth date of deceased 2 (Month) 15 (Day) 43 (Year)

8. AGE: Years 0 Months 0 Days 0 If less than one day hr. 2 min.

9. Birthplace ST Louis (City, town, or county) Mo (State or foreign country)

10. Usual occupation newborn

11. Industry or business

FATHER
12. Name Arval W. Moellinger
13. Birthplace Jemay (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name June Christophel
15. Birthplace St Louis (City, town, or county) Mo (State or foreign country)

16. (a) Informant J. Wendlandt RN
(b) Address Lutheran Hospital

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB 16-43 (Month) (Day) (Year)
(c) Place: burial or cremation ST. TRINITY LUTH CEM

18. (a) Signature of funeral director C Hoffmeister N.L.C.
(b) Address 7814 S. Broadway

19. (a) FEB 16 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 15 year 1943 hour 6 minute 08 A.M.

21. I hereby certify that I attended the deceased from 2-15-43 2-15- 1943, to 19 ; that I last saw him alive on 2-15-43 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death aspirated during delivery of a frank breech at term

Due to Aspiration

Due to

Other conditions — (Include pregnancy within 3 months of death)

Major findings: —
Of operations
Of autopsy

Duration

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 [illegible] (M. D. or other) M.D.

Address 430-436 University Club Bldg Date signed

(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.....

Louis C. Hoffmeister, Registered Apprentice No.....

working under my personal supervision.

Signed Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broad

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.