

F. S. No. 2
M-5-42
V. 5-17-39
X32873

Frank Wilhelm Body

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8602

State File No.

FILED MAR 30 1943

Registration District No.

Primary Registration District No. 1003

Registrar's No. 2768

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution Alexian Bros Hosp.
(If not in hospital or institution, write street number or location)

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

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo. (b) County 12

(c) City or town St. Louis 9 24
(If outside city or town limits, write "RURAL")

(d) Street No. 2912 1/2 Indiana Av
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME George Moebes

3. (b) If veteran, name war no. (c) Social Security No. 491-14-4349

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced widower

6. (b) Name of husband or wife Catherine Moebes 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 9 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>11</u>	<u>11</u>	hr. _____ min. _____

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

10. Usual occupation Temperature Man

11. Industry or business St. Louis Cold Storage

12. Name Albert Moebes

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

14. Maiden name Unknown

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

16. (a) Informant Cina Kishi

(b) Address 6220 Odell Av.

17. (a) Burial (b) Date thereof 3-23-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem

18. (a) Signature of funeral director Witt Bros & Co

(b) Address 2836 S. Jefferson Av.

19. (a) MAR 28 1943 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 20
year 1943 hour 5 minute 10 P. M.

21. I hereby certify that I attended the deceased from May 19 41 to Mar 20 19 43
that I last saw him alive on Mar 19 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis Duration 1 mos.

Due to Arterio sclerosis ?
Hypertension

Due to _____

Other conditions (include pregnancy within 3 months of death) 8 2

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Fabian Paul (M. D. or other) M.D.
Address 3115 S. Grand Date signed 3-22-43

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

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, *Gustav W. Dietzle*

Licensed Embalmer No. *4329*

P. O. Address *2929 S. Jefferson*

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.