

19867

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

REC JUN 30 1943 318

Registration District No. _____

Primary Registration District No. _____

1003

Registrar's No. 5631

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:
2528 a N. 22nd St. /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 2528 a N. 22nd St.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME

Emma Moehle

3. (b) If veteran, name war No

3. (c) Social Security No. 490-03-4426

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

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

7. Birth date of deceased September 12, 1881.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 9 6 _____ hr. _____ min.

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

10. Usual occupation Seamstress

11. Industry or business Dress Mfg.

MOTHER FATHER { 12. Name William Moehle
 { 13. Birthplace _____ Germany
(City, town, or county) (State or foreign country)
 { 14. Maiden name Louise Osick
 { 15. Birthplace _____ Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Lena Moehle

(b) Address 2528 a N. 22nd St.

17. (a) Burial (b) Date thereof June 21, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Calvin F. Feutz Fun. Home

(b) Address 4828 Natural Bridge Blvd.

19. (a) JUN 21 1943 (b) J. F. Prude
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18th,
 year 1943 hour 2:40 minute P. M.

21. I hereby certify that I attended the deceased from Feb. 1st
 1943 to June 18, 1943
 that I last saw her alive on June 18, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Metastatic Carcinoma Duration 6 mos

Due to Carcinoma of kidney yes

Due to _____

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

Major findings: _____

Of operations Carcinoma of kidney

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?

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

23. Signature Arthur S. Suddell (M.D. or other) yes

Address 2528 a N. 22nd St. Date signed 6/21/43

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

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.....

John A. Melnar....., Registered Apprentice No.....
working under my personal supervision.

Signed *John A. Melnar*.....

Licensed Embalmer No. *4186*.....

P. O. Address *St. Louis Mo*.....

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.