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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

22272

State File No.

FILED JUL 12 1943

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 109

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

2
9
3

1. PLACE OF DEATH:

(a) County ST. CHARLES

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

(c) Name of hospital or institution: EVANGELICAL EMMAUS HOME 4 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 YRS 6 MOS. 8 DAYS (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS

(c) City or town FERGUSON 96 (If outside city or town limits, write "RURAL")

(d) Street No. 615 WEST SX 6 (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ANNA MOEHLENBROCK

3. (b) If veteran, name war

3. (c) Social Security No.

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 MAY (Month) 18 (Day) 1862 (Year)

8. AGE: Years 81 Months 0 Days 24 If less than one day hr. min.

9. Birthplace (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation NONE

11. Industry or business NONE

FATHER
12. Name FRITZ MOEHLENBROCK
13. Birthplace (City, town, or county) GERMANY (State or foreign country)

MOTHER
14. Maiden name ANNA HAGEMEIER
15. Birthplace (City, town, or county) GERMANY (State or foreign country)

16. (a) Informant Theophil Stoerker
(b) Address ST. CHARLES, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6/14/43 (Month) (Day) (Year)

(c) Place: burial or cremation FRIDENS CEM.

18. (a) Signature of funeral director R. M. White
(b) Address 118 N. Florissant Rd. Ferguson

19. (a) 6/14/43 (Date received local registrar) (b) Ernst E. Paule (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12th year 1943 hour 11:50 minute A. M.

21. I hereby certify that I attended the deceased from Dec 4th, 1939, to June 12th, 1943 that I last saw her alive on June 12th, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Sarcum	
Due to	
Due to	
Other conditions: General Arteriosclerosis (Include pregnancy within 3 months of death)	

Major findings: Of operations no. Of autopsy no.

46

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 A. P. Erich Schmidt (M.D. or other)

Address St Charles Mo. Date signed 6/13/43

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(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 L. M. White

Licensed Embalmer No. NA 39773

P. O. Address Ferguson, Inc.

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.