

No. 2
OM-2-43
5-17-39
1 X3569

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26912

ED. AUG 30 1944 318

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 7558

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:
3143 Portis Ave.
(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)

3. (a) PRINT FULL NAME Elenora Moehle

3. (b) If veteran, name war no 3. (c) Social Security No. no

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

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

7. Birth date of deceased June 12, 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 2 9 _____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____
12. Name ----- Weber

13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Don't know
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Harry Moehle
(b) Address 3143 Portis Ave.

17. (a) Burial (b) Date thereof Aug. 24, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Weick Bros.
(b) Address 2201 S. Grand St. St. Louis

19. (a) AUG 23 1943 (b) J. F. Bredeh
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 916
(d) Street No. 3143 Portis Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 21
year 1943 hour 2 minute 0 A.M.

21. I hereby certify that I attended the deceased from 4/17/1942
_____ 1942 to August 21 1943
that I last saw her alive on August 21 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombus 1 1/2 day
Duration

Due to _____
Due to _____

Other conditions Ch. Myocarditis 2 years
(Include pregnancy within month of death) Arterio Sclerosis General PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____
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) No.
(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 W. Simpson (M. D. or other) M. D.
Address 3739 Grand Date signed Aug 23, 1943

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

MOTHER FATHER

Dr. Simpson
Funeral & Spicing

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

Vernon C. Thomas

Licensed Embalmer No. 3722

P.O. Address 412 Duchouquette St.

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.