

FILED DEC 11 1943

Registration District No. 310

Primary Registration District No. 3058

Registrar's No. 182

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

792
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:
565 Madison Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
years, months or days)

In this community _____ (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Mrs. Mary Moehlenkamp

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John H. Moehlenkamp

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

7. Birth date of deceased November 4, 1859
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>11</u>	<u>26</u>	_____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER

12. Name Herman Schnedler

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

14. Maiden name Anna Oldenhage

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

16. (a) Informant Ernest Czech

(b) Address St. Charles MO

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Nov. 2, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Lutheran Cemetery

18. (a) Signature of funeral director Haldemann - Bau

(b) Address 326 76th St. St. Charles MO

19. (a) Nov. 1, 1943 (Date received local registrar)

(b) Ernest E. Pauls (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles

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

(d) Street No. 565 Madison Street
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 30th
year 1943 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from Oct 26, 1943 to Oct 30, 1943
that I last saw her alive on Oct 29, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis

Due to Chronic nephritis

Due to Arteriosclerosis

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

Major findings: Of operations _____

Of autopsy _____

1318

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)

(e) Means of injury _____

23. Signature Ernest E. Pauls (M. D. or other)

Address St. Charles MO Date signed 11-4-43

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 Arthur C. Paul

Licensed Embalmer No. 3185

P. O. Address St. Charles 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.