

FILED MAY 13 1944

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 4143

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:
4630 Tyrolean
(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 William G. Moehlenhof

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

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife 59 6. (c) Age of husband or wife if alive 59 years
Amelia Moehlenhof
7. Birth date of deceased June 7; 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 10 25 _____ hr. _____ min.

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

10. Usual occupation Retired Painter

11. Industry or business _____

MOTHER FATHER

12. Name Henry Moehlenhof
13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Dosey
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Amelia Moehlenhof
(b) Address 4630 Tyrolean

17. (a) burial (b) Date thereof 5/5/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director J. L. Ziegenhein & Son
(b) Address 7027 Gravois

19. (a) MAY 4 1944 (b) J. F. Buseck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4630 Tyrolean
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2
year 1944 hour _____ minute 30 P M.

21. I hereby certify that I attended the deceased from 11/4, 1941, to 5/2, 1944
that I last saw him alive on 5/1, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Myocarditis chronic 4 months
Due to chronic interstitial nephritis 24 months
Due to chronic bronchitis 24 months
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

Duration
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 Walter Bond (M. D. or other) _____
Address 1841 L124 Date signed 5/3/44

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

C. P. Kidwiler

Licensed Embalmer No. *3877*

P. O. Address. *4027 Kansas*

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.