

S. No. 2
M-5-43
7. 5-17-39
P. 1 X3667

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7742

FILED FEB 20 1946
318

State File No. 1441
Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Luthern Hospital
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 2 17
(If outside city or town limits, write "RURAL")
(d) Street No. 7212 Morganford Rd. 9
(If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edward W. Moehlenhof

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 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 February 17, 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 11 24 hr. min.

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

10. Usual occupation Gardner

11. Industry or business _____

MOTHER FATHER { 12. Name Bernard Moehlenhof #
13. Birthplace Germany #
(City, town, or county) (State or foreign country)
14. Maiden name Mary Schlett
15. Birthplace Germany #
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Moehlenhof

(b) Address 7212 Morganford Rd.

17. (c) Burial (b) Date thereof 2-14-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Mausoleum

Southern Funeral Home

18. (a) Signature of funeral director _____

(b) Address 6322 S. Grand Blvd.

19. (a) FEB 12 1946 (b) J. J. Bredek
(Date received local registrar) (Registrar's signature)

100

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 10th
year 1946 hour _____ minute 30 P

21. I hereby certify that I attended the deceased from Jan 28/46
19 _____ to Feb 10/46 19 46

that I last saw h _____ alive on _____
and that death occurred on the date and hour stated above. _____ 19 _____

Immediate cause of death _____ Duration _____

Chronic Myocarditis ?

Due to Hep 93

Due to Hep 93

Other conditions Hepatic ?
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

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) (e) Means of injury _____

23. Signature J. J. Bredek (M. D. or other) _____

Address 6819 Date signed 2/12/46

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.....

J. Wm. Binkley

..... Licensed Embalmer No. *3653*

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.