

Registration District No. **318 5 1946**

Primary Registration District No. **100**

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:
4023a Maffitt 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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4023a Maffitt Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME William F. Moehlman

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

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lee Moehlman 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 18, 1907
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
39 4 27 hr. min.

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

10. Usual occupation Clerk
11. Industry or business Federal Barge Line

MOTHER FATHER { 12. Name Herny Moehlman
13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Ida Budde
15. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lee Moehlman
(b) Address 4023a Maffitt Ave.
17. (a) Burial (b) Date thereof 7-18-1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation National Jefferson
18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd
19. (a) JUL 16 1946 (b) _____
(Date received local health officer) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15th
year 1946 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cyanide Poisoning Duration _____
Self administered at home
4023a Maffitt Ave. on July
15th 1946 at about 7:30 P.M.

Due to _____
Due to _____
Other conditions _____
(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 July 15 1946
(c) Where did injury occur at home
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Barracks

(Specify type of place) _____
While at work _____ (e) Means of injury by blow
23. Signature Arthur J. Donnelly (M.D. or other) _____
Address _____ Date signed 7/16/46

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

Handwritten notes or scribbles in the top right corner.

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 Stanley Marshall
Licensed Embalmer No. 2868
P. O. Address 3840 Lindell

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.