S. No. 2
—12-45
5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 9 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20503

Registration District No. 110 Primary Registration District No. 3020 Registrar's No. 96

1. PLACE OF DEATH:

(a) County Franklin.

(b) City or town Washington.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Francis Hospital. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 weeks. (Specify whether
In this community 31 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36

(c) City or town Washington 6
(If outside city or town limits, write "RURAL")

(d) Street No. 908 E. 3rd St. 2
(If rural, give location)

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

If yes, name country X

3. (a) PRINT FULL NAME Frank H. Moellenbrock.

3. (b) If veteran, name war

3. (c) Social Security No. X

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of wife Wilhelmina Moellenbrock

6. (c) Age of wife if alive deceased years

7. Birth date of deceased March (Month) 14th, (Day) 1856 (Year)

8. AGE: Years 91 Months 3 Days 20 If less than one day hr. min.

9. Birthplace New Haven, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Blacksmith & Wagon Making,

11. Industry or business Hdw. dealer.

FATHER
12. Name Fritz Moellenbrock, 4
13. Birthplace Unknown, (City, town, or county) Germany. (State or foreign country)

MOTHER
14. Maiden name Unknown, 4
15. Birthplace Unknown, (City, town, or county) Germany. (State or foreign country)

16. (a) Informant Mrs. Fred H. Riechers

(b) Address 908 E. 3rd St. Washington, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 6, 1947. (Month) (Day) (Year)

(c) Place: burial or cremation New Haven, Mo.

18. (a) Signature of funeral director Nieburg & Vitt, Inc

(b) Address Washington, Mo.

19. (a) JUL 5 1947 (Date received local registrar) (b) [signature] (Registrar's signature) 74

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4th, year 1947 hour 2:00 minute 15 P. M.

21. I hereby certify that I attended the deceased from April 21, 1947 to July 4, 1947 that I last saw him alive on July 4, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation

Due to chr. myocardial degeneration

Due to senility & arteriosclerosis

Other conditions nephritis chronic
(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:

(c) 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? 0
(Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) MD

Address Washington Mo Date signed 7/5/47

(Licensed Embalmer's Statement on Reverse Side)

Dr. Muench

RECEIVED
District Health Officer No. 9,
District File Number 7-8-42
Date Filed

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 Jerome F. Swoboda, Registered Apprentice No. 441, working under my personal supervision.

Signed A. Nieburg

Licensed Embalmer No. 5387

P. O. Address Washington, 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.