

S. No. 2
1-12-45
5-17-39
X47070

FILED SEP 30 1947

Registration District No. **310**

Primary Registration District No. **3058**

Registrar's No. **168**

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

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: **St Joseph Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **36 hrs.** (Specify whether years, months or days)
In this community **56 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **St Charles 92**
(c) City or town **St Charles Mo**
(If outside city or town limits, write "RURAL")
(d) Street No. **543 Jackson St**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME **Herbert Mochlenkamp**

3. (b) If veteran, name war. 3. (c) Social Security No. **489-09-4829**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Irene Betty Mochlenkamp** 6. (c) Age of husband or wife if alive **56** years

7. Birth date of deceased **July 18 1891**
(Month) (Day) (Year)

8. AGE: Years **56** Months **1** Days **21** If less than one day hr. min.

9. Birthplace **St Charles Co. Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Busch Driver**

11. Industry or business **Smoking firm**

12. Name **George Mochlenkamp**

13. Birthplace **St Charles Co. Mo**
(City, town, or county) (State or foreign country)

14. Maiden name **Irene Mochlenkamp**

15. Birthplace **St Charles Co. Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Irene Mochlenkamp**

(b) Address **543 Jackson St**

17. (a) **Buried** (b) Date thereof **Sept 12, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lutheran Cemetery**

18. (a) Signature of funeral director **Harkmann, Bonn**

(b) Address **St Charles Mo**

19. (a) **9118/47** (b) **Franco Hanelaw**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **9th** year **5** hour **10** minute **2** M.

21. I hereby certify that I attended the deceased from **Sept 5th 1947 to Sept 9th 1947**
that I last saw him alive on **Sept 9th 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute dilatation of heart** Duration **24 hrs.**

Due to **Gen. Arterio sclerosis 24 yrs**

Due to **None**
Other conditions **None**
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: Of operations **AS**
Of autopsy **AS**
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? _____

23. Signature **A. Eric Schuler M.D.** (Specify type of place) (c) Means of injury _____
Address **St Charles Mo** Date signed **9/12/47**

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 9-29-47

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. Bane
Licensed Embalmer No. 3155
P. O. Address St 6 Lark 210

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.