S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 15 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39990

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11102

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 3335 VISTA AV. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 000
(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL") 17
(d) Street No. 3335 VISTA AV. (If rural, give location) 9
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME HARRY MOELLENBROCK.
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M.
5. Color or race W.
6. (a) Single, married, widowed, divorced MARRIED
6. (b) Name of husband or wife CELESTIA MOELLENBROCK
6. (c) Age of husband or wife if alive years
7. Birth date of deceased DECEMBER (Month) 27 (Day) 1897 (Year)

8. AGE: Years 49 Months 11 Days 6 If less than one day hr. min.

9. Birthplace GRANITE CITY (City, town, or county) ILLINOIS (State or foreign country)
10. Usual occupation LABOR
11. Industry or business
FATHER
12. Name Wm MOELLENBROCK
13. Birthplace GERMANY (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name FRANCES LIEFFRIG
15. Birthplace ILLINOIS (City, town, or county) (State or foreign country)
16. (a) Informant Frances Vollmer
(b) Address 3004 Henrietta St.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Dec-6-47 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEM.
18. (a) Signature of funeral director E. J. Schnur
(b) Address 3125 Lafayette av.
19. (a) DEC 4 - 1947 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 3 year 1947 hour 7 minute 30 A.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.

Duration

Immediate cause of death Labor Premature
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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? Means of injury
23. Signature Alfred Perry (M. D. or other)
Address Date signed 12/4/47

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

AUG 8 [illegible]

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 Jos R Vollmer

Licensed Embalmer No. 4014

P. O. Address 312 Lafayette Ave 4

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.