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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAR 3 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH.

State File No. 7414  
Registrar's No. 542

Registration District No. 517 Primary Registration District No. 6026

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

1. PLACE OF DEATH:  
(a) County St. Louis County  
(b) City or town Pine Lawn  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2115 67th Street.  
(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 St. Louis  
(c) City or town Pine Lawn  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2115 67th Street.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Emma L. Mochlenkamp.  
(b) If veteran, name war None  
(c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month February day 26th.  
year 1948 hour 8 A.M. minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_  
of May 1945, to 2-26 1948.  
that I last saw her alive on 2-24 1948.  
and that death occurred on the date and hour stated above.

4. Sex Female / 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Ben D. Moehlenkamp.  
6. (c) Age of husband or wife if alive 78 years  
7. Birth date of deceased September 11. 1870.  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_  
Chn. Myocarditis with  
Dyscardial Degeneration D.K.  
Due to Arteriosclerosis  
Due to 93d  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day  
77 5 15 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Major findings: \_\_\_\_\_  
Of operations none  
Of autopsy none  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

10. Usual occupation Housewife  
11. Industry or business \_\_\_\_\_  
12. Name Carl F. Plackemeier.  
13. Birthplace Germany.  
(City, town, or county) (State or foreign country)  
14. Maiden name Marie Schemme.  
15. Birthplace St. Charles Co. Missouri.  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant Mr. Ben D. Moehlenkamp.  
(b) Address 2115 67th Street.  
17. (a) Burial (b) Date thereof 2-28-1948.  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Lutheran Cem. St. Charles, Missouri.  
18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.  
(b) Address 5966-68 Easton Avenue.  
19. (a) 2-26-48 (b) Ben C. [Signature]  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_  
21. Signature John A. [Signature] (M. D. or other) \_\_\_\_\_  
Address 6693 Delmar Blvd Date signed 2/26/48

Dr. John Rogers.  
6693 Delmar Boulevard.  
Hours 1 to 5 P.M.  
Cabanne 2101

AUG 19 1955

SEP 1 7 1955

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.