S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38995

FILED DEC 4 1948

Registration District No. 377

Primary Registration District No. 6076

Registrar's No. 2

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Rural
(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 St. Louis

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

(d) Street No. Rural
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME HENRY H. MOELLERING.

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife May Moellering

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Jan. 7, 1886.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
62	10	15	..... hr. ..... min.

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

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name George Moellering
13. Birthplace Germany
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Mary Moellering

(b) Address Florissant, Mo.

17. (a) Burial (b) Date thereof Nov. 24/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Florissant, Mo.

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiamont Ave.

19. (a) 11-23-48 (b) Thurd v Lunny
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 22
year 1948 hour 5.00 minute A.M. M.

21. I hereby certify that I attended the deceased from 4-23, 1948 to 11-22, 1948
that I last saw him alive on 11-22, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Rectum	1 yr
Due to	
Due to 46d	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Same
Of autopsy none

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? ✓ (e) Means of injury .....

23. Signature M D Johnson (M. D. or other) M.D.

Address Ferguson, MO. Date signed 11-21-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Dr. Mitchaell Johnson,
Ferguson, Mo.

VS NOV 14 1960

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 Anthony Bonn, Registered Apprentice No. 102, working under my personal supervision.

Signed Alfred G. Boedeker

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiamont Ave.,

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.