

FILED AUG 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24484

State File No.

Registrar's No. 142

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 6058

1. PLACE OF DEATH a. COUNTY St Charles		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY St Charles	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Rt # 2		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Rt 2	
c. LENGTH OF STAY (to this place) 23 years		d. STREET ADDRESS (If rural, give location) Rt # 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rt # 2 St Charles Mo			

3. NAME OF DECEASED (Type or Print) a. (First) Herman	b. (Middle) D	c. (Last) Moehlenkamp	4. DATE OF DEATH (Month) (Day) (Year) July 16 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH October 20 1862	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 60 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) St Charles County	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Diedrich Moehlenkamp	13b. MOTHER'S MAIDEN NAME Marie Feldmann	14. NAME OF HUSBAND OR WIFE Anna BarKlage Moehlenkamp
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs Emil Thoele	ADDRESS Rt 2 St Charles Mo
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Sclerosis.		?
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Suicide		?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			444X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Jan 10**, 19**48**, to **July 16**, 19**49** that I last saw the deceased alive on **July 16**, 19**49**, and that death occurred at **10 P. m.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John J. ...	23b. ADDRESS St Charles Mo	23c. DATE SIGNED 7/17/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 19 1949	24c. NAME OF CEMETERY OR CREMATORY Lutheran	24d. LOCATION (City, town, or county) (State) St Charles Mo
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DATE REC'D BY LOCAL REG. 8/18/49	REGISTRAR'S SIGNATURE ...	FUNERAL DIRECTOR'S SIGNATURE ...	ADDRESS St Charles Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
AUG 12 1949
District Health Officer No. 9
District File Number

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 _____
_____, Student Embalmer No. _____
working under my personal supervision.

Signed _____
Student Embalmer

Signed *Fredric W. Bane*
Licensed Embalmer No. *4607*
P. O. Address *St Charles, 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.

3/18/49