No. 300
10.48

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

FILED JUL 21 1950

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 25074

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5796

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): 4 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Park Lane Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~St. Louis~~ 4495
d. STREET ADDRESS (If rural, give location): 1023 Boland Drive

**3. NAME OF DECEASED** (Type or Print)
a. (First): Henry
b. (Middle): George
c. (Last): Moehle

**4. DATE OF DEATH** (Month) (Day) (Year): July 3, 1950

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: January 24 1876
**9. AGE** (In years last birthday): 74 — If under 1 year: Months 5, Days 19 — If under 24 hrs.: Hours, Min.
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Insurance Broker
**10b. KIND OF BUSINESS OR INDUSTRY**: Insurance
**11. BIRTHPLACE** (State or foreign country): Brighton Illinois
**12. CITIZEN OF WHAT COUNTRY?**: U.S.

**13a. FATHER'S NAME**: Wm. Frank Moehle
**13b. MOTHER'S MAIDEN NAME**: Adelaide
**14. NAME OF HUSBAND OR WIFE**: Wickie Schmidt

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: No
**17. INFORMANT'S SIGNATURE OR NAME, ADDRESS**: Mrs. Henry Moehle 1023 Boland Drive Richmond Hts. Mo.

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cholecystitis, Acute, Gangrenous — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cholelithiasis — 6+ years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Myocarditis, chronic — 10+ years

**19a. DATE OF OPERATION**: 6-30-50
**19b. MAJOR FINDINGS OF OPERATION**: Gangrenous distended gall bladder; stones. "Cholecystostomy"
**20. AUTOPSY?** YES ☐ NO ☒

**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)
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**: 584X

22. *I hereby certify that I attended the deceased from* June, 19 44, *to* 7/3/50, 19____, *that I last saw the deceased alive on* July, 19 50, *and that death occurred at* 5:45 A m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Sam A. Rassett, M.D. M. D.
**23b. ADDRESS**: 1200 Big Ben Road
**23c. DATE SIGNED**

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: July 5 1950
**24c. NAME OF CEMETERY OR CREMATORY**: Park Lawn Cemetary
**24d. LOCATION** (City, town, or county) (State): St. Louis, County Missouri

DATE REC'D BY LOCAL REG.: JUL 5 1950
REGISTRAR'S SIGNATURE: J. B. Lasater
**25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS**: Ambruster Mortuary, 6633 Clayton Rd.

(Licensed Embalmer's Statement on Reverse Side)

Emb

## 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.

Student .....
Student Embalmer

Signed Ernest W. Spillers

Licensed Embalmer No. 4080

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.**