

**STANDARD CERTIFICATE OF DEATH**

7239

State File No. ....

ED MAR 9 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 3058 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY <b>St. Charles</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>		b. COUNTY <b>St. Charles</b>	
b. CITY OR TOWN <b>St. Charles</b>		c. CITY OR TOWN <b>St. Charles</b>		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (In this place) <b>Life</b>		e. STREET ADDRESS (If rural, give location) <b>530 Jackson St.</b>		<b>0923</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>121 No. Main St.</b>					

3. NAME OF DECEASED (Type or Print) <b>WALTER MOEHLKAMP</b>			4. DATE OF DEATH <b>March 2, 1953</b>		
a. (First)	b. (Middle)	c. (Last)	Month	Day	Year
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>September 24, 1878</b>	9. AGE (In years last birthday) <b>74</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Shoe Cutter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Shoe Factory</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Charles County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>John Moehlenkamp</b>		13b. MOTHER'S MAIDEN NAME <b>Wilhelmina Meyer</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>497-01-6311</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Emil Heitgerd.</b>	
				ADDRESS <b>St. Charles, Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis</b>		DUE TO (b) <b>Arteriosclerotic cardiovascular disease</b>			Instantaneous
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)			15 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Feb 7-72, 1952**, to **March 2, 1953** that I last saw the deceased alive on **March 2, 1953**, and that death occurred at **2:05 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>W. J. Sawyer M.D.</b>		23b. ADDRESS <b>114 N. Main St. St. Chas., Mo.</b>		23c. DATE SIGNED <b>March 4, 1953</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>March 5, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lutheran Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>St. Charles, Missouri</b>	

DATE REC'D BY LOCAL REG. <b>March 6 1953</b>		REGISTRAR'S SIGNATURE <b>Francis Hamilton</b>		FUNERAL DIRECTOR'S SIGNATURE <b>Wichmann - Rose</b>	
				ADDRESS <b>St. Charles, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

7239  
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APR 30 1953

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.....  
Signature of Student Embalmer

Signed *Clarence W. Billo*

Licensed Embalmer No. *4375*

P. O. Address *St. Charles*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.