

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5815

State File No. _____
Registrar's No. 671

FILED MAR 1 1954
BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 2008

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| 1. PLACE OF DEATH a. COUNTY <u>St. Charles</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY OR TOWN <u>St. Charles</u> | | c. CITY OR TOWN <u>Kirkwood</u> | d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u> | | e. STREET ADDRESS (If rural, give location) <u>433 W. Adams St.</u> <u>4693</u> | |

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| 3. NAME OF DECEASED (Type or Print) <u>EMMA</u> | a. (First) | b. (Middle) | c. (Last) <u>MOEHLKAMP</u> | 4. DATE OF DEATH <u>February 17, 1954</u> |
|--|------------|-------------|----------------------------|---|

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| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>March 16, 1865</u> | 9. AGE (In years last birthday) <u>88</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
|----------------------|-------------------------------|---|--|---|--|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Charles County, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Diedrick Bruns</u> | 13b. MOTHER'S MAIDEN NAME _____ | 14. NAME OF HUSBAND OR WIFE <u>Henry J. Moehlenkamp</u> |
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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) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Elmer Moehlenkamp</u> | ADDRESS <u>St. Charles, Mo.</u> |
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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary embolism</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u> | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fracture left femur</u> | | | <u>1 week</u> |
| | DUE TO (c) <u>Arteriosclerosis</u> | | | <u>20 years</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E9035</u> <u>44</u> | | | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>street</u> | 21c. (CITY, TOWN, OR TOWNSHIP) <u>St. Charles</u> (COUNTY) <u>St. Charles</u> (STATE) <u>Mo</u> |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb 7 1954 11:00</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>Fell on curb</u> |
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22. I hereby certify that I attended the deceased from Feb 7, 1954 to Feb 17, 1954, that I last saw the deceased (live on) Feb 16, 1954, and that death occurred at 4:52 p.m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>G. J. County</u> (Degree or title?) <u>Unsp.</u> | 23b. ADDRESS <u>St. Charles, Mo</u> | 23c. DATE SIGNED <u>Feb 17 1954</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Feb. 20, 1954</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Lutheran Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Charles, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>Feb 20 1954</u> | REGISTRAR'S SIGNATURE <u>Russell Hammett</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur C. Bave</u> | ADDRESS <u>St. Charles, Mo</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Francis M. Billo*

Licensed Embalmer No. *437*

P. O. Address *St. Charles*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.