WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

8 1933

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space. 38559

1. PLACE OF DEATH
County ..... Registration District No. 791 File No. .....
Township ..... Primary Registration District No. 1002 Registered No. 10223
City St. Louis (No. Deaconess Hospital St. ..... Ward)

2. FULL NAME Lena Moehlenbrock
(a) Residence, No. 4917 Northland Pl. St., 6 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 2, 1873
7. AGE Years 60 Months 3 Days 23 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

FATHER
13. NAME August Moehlenbrock
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Fredericka Hagemeier
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) F. H. A. Moehlenbrock 4917 Northland Pl.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Friedens DATE Nov. 28 1933
19. UNDERTAKER (ADDRESS) Math. Hermann and Son 2161 East Fair Ave.
20. FILED NOV 27 1933 19 J. S. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 25, 1933
22. I HEREBY CERTIFY, That I attended deceased from April 1st, 1933, to Nov 25th, 1933
I last saw her alive on Nov 24th, 1933. Death is said to have occurred on the date stated above, at 9:40 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis (Chronic)	1/1-33
93C	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Orlando G. Gibson, M. D.
(Address) St. Louis Mo.