

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No. **#6164 Pershing Ave.**) File No. **18140**
 Registered No. **4591** St. _____ Ward _____

2. FULL NAME

Carl Von Moch
 (a) Residence, No. **6164 Pershing Ave.** Ward. **5**
 (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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Melvina Von Moch**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug 21st 1846**

7. AGE YEARS **87** MONTHS **9** DAYS **13** If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Retired**
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Farmer**
 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) **Highberg** **Germany**

13. NAME **Gustave Von Moch**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

15. MAIDEN NAME **Johna Von Moch**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT **Miss Johanna Von Moch** (ADDRESS) **6164 Pershing Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Muscular Crematory** DATE **5-7-1934**

19. UNDERTAKER **P. R. Ripston & Sons** (ADDRESS) **4449 Olive St.**

20. FILED **J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 4th, 1934**

22. I HEREBY CERTIFY, That I attended deceased from **Nov-26th 1933** to **May-4th 1934**
 I last saw him alive on **May-4**, 1934. Death is said to have occurred on the date stated above, at **8⁰⁰** p. m.

The principal cause of death and related causes of importance were as follows:

Myo carditis Chi- 186A
Mal nutrition 194B
Gastro hemorrhage 131
Arterio sclerosis general + cerebral
Decubitus Ulcers (Infected)
Fracture Hip left
 Other contributory causes of importance:
Senility
Senile Dementia (Arterio-Sclerotic)
Nephritis Chi- 196A

Date of onset
 ?
Jan '34
 in '34
 ?
5

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? **Accident** date of injury **11/26, 1933**
 Where did injury occur? **Bed in room**
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **Fracture Hip Nov-26-33 important**
 Nature of injury **contributory cause**

24. Was disease or injury in any way related to occupation of deceased? **No**
 If so, specify _____
 (Signed) **Harry G. Bristow** M. D.
 (Address) **817-22- Univ. Club Bldg.**

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.

JUN 19 1934

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