

JAN 10 1938

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

43039  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 791 2  
1003  
(b) Township ..... Primary Registration District No. ....  
(c) City St. Louis (d) Street No. 2310 N. 14th Street St. ....  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred 21 yrs. 3 mos. 29 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Fred Moehlmann

(a) Residence, No. 2310 N. 14th Street St. 26 (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

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 Husband of Grace Moehlmann  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 7th 1916  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
21 3 29

OCCUPATION  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Pattern Maker  
9. Industry or business in which work was done, as saw mill, bank, etc. Banner Iron Works  
10. Date deceased last worked at this occupation (month and year) Dec. 1937 11. Total time (years) spent in this occupation one

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

FATHER  
13. NAME Fred Moehlmann

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

MOTHER  
15. MAIDEN NAME Laura Edgar

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

17. INFORMANT (ADDRESS) Mrs. Grace Moehlmann 2310 N. 14th Street

18. BURIAL, CREMATION, OR REMOVAL PLACE New Bethlehem DATE Dec. 8th 1937

19. FUNERAL DIRECTOR (ADDRESS) Chedmer & Sons 3934 N. 10th St

20. FILED DEC 7 1937 J. Bredeck Local Registrar

NO PHYSICIAN CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/6/37 19...  
22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...  
I last saw him alive on ... 19... Death is said to have occurred on the date stated above, at 10:05 P.M.  
The principal cause of death and related causes of importance were as follows:

Gun shot wound in the right side of temple, self inflicted at his home, 2310a N. 14th St., on December 6, 1937, at about 9:45 P.M.

Other contributory causes of importance:  
Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Suicide Date of injury 12/6/1937  
Where did injury occur? St. Louis, Mo.  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. In Home.

Manner of injury ..... See Above.  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO  
If so, specify .....  
(Signed) W. J. Perry M.D.  
(Address) W. J. Perry

WRITE PRINTED 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.

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STATEMENT BY LICENSED EMBALMER

I, Geo P Schubert, Licensed Embalmer No. 2212

hereby certify that the body recorded on the reverse side of this certificate was embalmed by My Self

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed Geo P Schubert

Licensed Embalmer No. 2212

**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.)**