No. 2
-13-40
17-39
X23159

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31979

FILED OCT 18 1940

Registration District No. 303 Primary Registration District No. 4182 Registrar's No.

1. PLACE OF DEATH:

(a) County Gasconade

(b) City or town Hermann
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether
In this community 4 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade

(c) City or town Hermann
(If outside city or town limits, write "RURAL")

0
(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME THERESA CAROLINE MOEBUS

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Julius Moebus

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Jan. (Month) 6, (Day) 1884 (Year)

8. AGE: Years 56 Months 8 Days 3 If less than one day hr. min.

9. Birthplace Hermann (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Hwf. 1

11. Industry or business 0

FATHER
12. Name Henry German
13. Birthplace (City, town, or county) New York (State or foreign country)

MOTHER
14. Maiden name Amalia Dilthey
15. Birthplace Hermann (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Dorothy Jones,
(b) Address Hermann, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept. 12 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Walnut Grove Cem. Bonnville, Mo. 374

18. (a) Signature of funeral director Hugo H. Blumer
(b) Address Hermann, Missouri

19. (a) 9-11-40 (Date received local registrar) (b) Anna K. Rickhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. 9 day 9
year 1940 hour 1 minute 55 P.M.

21. I hereby certify that I attended the deceased from Nov. 12, 1936, 19, to Sept. 9, 1940;
that I last saw her alive on Sept. 9, 1940;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic interstitial nephritis	2yrs.
Due to	
Due to 54	
Other conditions Diabetes (Include pregnancy within 3 months of death)	8yrs

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature W. A. Peter D.O. (M. D. or other) 3
Address Hermann, Mo Date signed 9/10/40

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 3160

P. O. Address Hermann, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.