G1554
No. 2
1-4-41
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X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16561

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4079

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1 ()
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 Days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 100
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3024 Minnesota Ave. 16 9
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME George Moehrle

3. (b) If veteran, name war ------ 3. (c) Social Security No. None

4. Sex Male () 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Bertha 6. (c) Age of husband or wife if alive years

7. Birth date of deceased November (Month) 4 (Day) 1871 (Year)

8. AGE: Years 69 Months 6 Days 8 If less than one day hr. min.

9. Birthplace St. Louis, () Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Teamster

11. Industry or business Retired 10 yrs.

FATHER
12. Name Christ Moehrle
13. Birthplace Germany
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Fannie Huckely
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Christ Moehrle
(b) Address 6631 Marmanduke Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 15, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation St. Paul Churchyard

18. (a) Signature of funeral director J. H. Gebken Liv. & Und. Co.
(b) Address 2630 Gravois Ave.

19. (a) MAY 15 1941 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12, year 1941 hour 3:55 minute P. M.

21. I hereby certify that I attended the deceased from May 4, 1941 to May 12, 1941; that I last saw him alive on May 12, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pyelonephritis	2
Bronchopneumonia	1
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) urinary Bladder Stones Cystitis, catarrhal	

Major findings:
Of operations
Of autopsy Same 134a

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) No
(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 G E Fevento M D (M. D. or other) 9
Address City Hospital Date signed 6/23/41

(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 Me

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

working under my personal supervision.

Signed Herman A. Gebken

Licensed Embalmer No. 2120

P. O. Address 2842 Meramec St. St. Louis, 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.