

S. No. 2  
M-542  
v. 5-17-39  
I X32873

3282

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. ....

FILED NOV 11 1942 318

Registration District No. ....

Primary Registration District No. ....

Registrar's No. 9178

1. PLACE OF DEATH:  
 (a) County St. Louis, Mo.  
 (b) City or town.....  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
2 City Sanitarium  
 (If not in hospital or institution, write street number or location)  
3 yrs. mos. 25 days  
 (d) Length of stay: In hospital or institution..... (Specify whether  
 In this community..... About 58 years  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County.....  
 (c) City or town St. Louis (If outside city or town limits, write "RURAL")  
3412 No. 11th St.  
 (d) Street No..... (If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country..... 0

3. (a) PRINT FULL NAME WILLIAM MOEHRING  
 (b) If veteran, - (c) Social Security name war..... No.....

MEDICAL CERTIFICATION  
 20. DATE OF DEATH, Month Nov. day 2  
1942 year hour 12:50 minute P. M.

4. Sex male 0 5. Color or race white 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Louisa Moehring 6. (c) Age of husband or wife if alive 76 years  
 7. Birth date of deceased Dec. 22, 1862  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11-2-42, 19....., to 11-2-42, 19.....; that I last saw him alive on 11-2-42, 19....., and that death occurred on the date and hour stated above.

Immediate cause of death  
Arteriosclerosis 1-9-39x  
Senility 1-9-39x

8. AGE: Years Months Days If less than one day  
79 10 11 hr. min.

Due to.....  
 Due to.....

9. Birthplace Unknown Germany 4  
 (City, town, or county) (State or foreign country)  
Watchman

Other conditions (Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations.....  
 Of autopsy Yes.

11. Industry or business Unknown  
 12. Name.....  
 13. Birthplace Unknown Germany 4  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Unknown Germany 4  
 (City, town, or county) (State or foreign country)  
 15. Birthplace Unknown Germany 4  
 (City, town, or county) (State or foreign country)

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

16. (a) Informant L. Reggen dal  
 (b) Address.....  
 17. (a) Burial (b) Date thereof Nov. 5 1842  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Friedens Cemetery.

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.....

18. (a) Signature of funeral director SUEDMEYER & SONS UND Co.  
 (b) Address 3934 No. 20 th. Street.  
 19. (a) NOV 11 1942 (b) J. F. Bredner  
 (Date received local registrar) (Registrar's signature)

23. Signature J. F. Bredner (M. D. or other)  
 Address..... Date signed 11-2-42

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

MOTHER FATHER

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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 *Alfred J. Boedeker*.....

Licensed Embalmer No. *2663*.....

P. O. Address *5939 Alpha*.....

**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.)**

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