

FILED NOV 16 1942
818

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:
2549A University St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether
In this community.....
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")

(d) Street No. 2549A University St.
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME. Emma Moldenhauer

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 8
year 1942 hour 3:30 minute PM

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife. John 6. (c) Age of husband or wife if alive. 61 years

7. Birth date of deceased. June 29th 1882
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April, 1935 to Nov. 9, 1942
that I last saw him alive on Nov 7, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death.....

8. AGE: Years Months Days If less than one day
60 4 9 hr. min.

Due to Carcinoma of descending Colon 7 yrs.

Due to.....

9. Birthplace Perry County, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Other conditions..... (Include pregnancy within 3 months of death)

Major findings:
Of operations.....

11. Industry or business.....

12. Name George Gurstaker

13. Birthplace Menfro, Mo. (City, town, or county) (State or foreign country)

14. Maiden name Unknown Birgman

15. Birthplace Menfro, Mo. (City, town, or county) (State or foreign country)

Of autopsy.....

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?.....

16. (a) Informant Gladys Sullivan

(b) Address 2549A University St.

17. (a) Burial (b) Date thereof 11-11-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Perryville, Mo.

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature A. L. Koutel (M. D. or other)
Address 3606 Marquis Date signed 12/9/42

18. (a) Signature of funeral director. Albert H. Hoppe Inc.
4700 Washington Blvd.

(b) Address.....

19. (a) 1942 (b) J. J. Budek
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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 *J. G. Sullivan*.....
Licensed Embalmer No. *1122*.....
P. O. Address *City*.....

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.