

FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42782

State File No. 10631

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis)		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		d. STREET ADDRESS (If rural, give location) 7-4034 Robert Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Anthony's Hospital							
3. NAME OF DECEASED (Type or Print) a. (First) George			b. (Middle) _____			c. (Last) Moehlenhoff	
4. DATE OF DEATH (Month) (Day) (Year) Dec. 9, 1949		5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH Sept. 12, 1919		9. AGE (In years last birthday) 72		IF UNDER 1 YEAR: Months _____ Days _____		IF UNDER 12 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tuck gardner			10b. KIND OF BUSINESS OR INDUSTRY own			11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME George Moehlenhoff		13b. MOTHER'S MAIDEN NAME Elizabeth Kettler		14. NAME OF HUSBAND OR WIFE Emma Moehlenhoff	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Emma Moehlenhoff, 4034 Robert Ave.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronemia } Small Intestine ANTECEDENT CAUSES peritonitis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Peritonitis Small Intestine				INTERVAL BETWEEN ONSET AND DEATH Approximate 1 hr 24h 24h	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION 12-8-49		19b. MAJOR FINDINGS OF OPERATION peritonitis, ruptured Small Intestine, Coronemia		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) H/6		21f. HOW DID INJURY OCCUR? 152 X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from 12-6-49 , 19 49 , to 12-9 , 19 49 , that I last saw the deceased alive on 12-9 , 19 49 , and that death occurred at 3 P m., from the causes and on the date stated above.							
23a. SIGNATURE W. W. Forstner (Degree or title) _____				23b. ADDRESS 9436 Gravois		23c. DATE SIGNED 12-10-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 12-13-49		24c. NAME OF CEMETERY OR CREMATORY St. Lucas Cem.		24d. LOCATION (City, town, or county) (State) Denny Rd., Affton, Mo.	
DATE REC'D BY LOCAL REG. DEC 12 1949		REGISTRAR'S SIGNATURE J. B. Sauter		FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fendler Und. Co. Fendler Und. Co.			

(Licensed Embalmer's Statement on Reverse Side) **7420 Michigan**

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

Emb Report Certificate

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.