

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6874

State File No. ....

FILED MAR 8 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 505

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>Sappington</u> |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>Sappington 4830</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>10022 Kennerly Road</u>                     |  | d. STREET ADDRESS (If rural, give location)<br><u>10022 Kennerly Road</u>   |  |

|   |                       |                                  |   |
|---|-----------------------|----------------------------------|---|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Julius</u> | b. (Middle) <u>--</u> | c. (Last) <u>Moehlenhoff Sr.</u> | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>February 26, 1955</u> |
|---|-----------------------|----------------------------------|---|

|                       |                                  |  |   |  |
|-----------------------|----------------------------------|--|---|--|
| 5. SEX<br><u>Male</u> | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Widowed</u> | 8. DATE OF BIRTH<br><u>November 6, 1875</u> | 9. AGE (In years last birthday) <u>79</u><br>IF UNDER 1 YEAR Months Days<br>IF UNDER 4 HRS. Hours Min. |
|-----------------------|----------------------------------|--|---|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Farming</u> | 11. BIRTHPLACE (State or foreign country)<br><u>St. Louis, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u> |
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|---|---|--|
| 13a. FATHER'S NAME<br><u>George Moehlenhoff</u> | 13b. MOTHER'S MAIDEN NAME<br><u>Elize Kettler</u> | 14. NAME OF HUSBAND OR WIFE<br><u>Mary</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u> | 16. SOCIAL SECURITY NO.<br><u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Julius Moehlenhoff</u> | ADDRESS<br><u>998 Kinster Dr. Kirkwood</u> |
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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>None</u> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocarditis</u>   |  |   |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Diabetic Mellitus</u><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>Arterio Sclerosis</u> |  |   |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION<br><u>260X</u> | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |
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|  |  |   |
|--|--|---|
| 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) |
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|  |  |                            |
|--|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|--|--|----------------------------|

22. I hereby certify that I attended the deceased from 7/3 1955 to 2/25, 1955 that I last saw the deceased alive on 2/25, 1955, and that death occurred at 5:25 a m., from the causes and on the date stated above.

|   |                                       |                                    |
|---|---------------------------------------|------------------------------------|
| 23a. SIGNATURE (Degree or title)<br><u>Otto E. Hamer M.D.</u> | 23b. ADDRESS<br><u>3012 Lafayette</u> | 23c. DATE SIGNED<br><u>2/28/55</u> |
|---|---------------------------------------|------------------------------------|

|  |                                   |   |  |
|--|-----------------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> | 24b. DATE<br><u>March 1, 1955</u> | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Old St. John's</u> | 24d. LOCATION (City, town, or county) (State)<br><u>Mehlville, Mo.</u> |
|--|-----------------------------------|---|--|

|  |   |   |                                    |
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| DATE REC'D BY LOCAL REG.<br><u>2-28-55</u> | REGISTRAR'S SIGNATURE<br><u>Herbert R. Doyle M.D.</u> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>C. Hoffmeister U. &amp; L. Co.</u> | ADDRESS<br><u>7814 S. Broadway</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed *James C. Hoffmann*

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Broadway*

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.