R 28 1928

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

10483

File No. .....

Registered No. 98

1. PLACE OF DEATH

County St Louis — Registration District No. 789

Township Central — Primary Registration District No. 4.338.

City St Louis Station (No. 8745 Windom St. ..... Ward)

2. FULL NAME Sarah Esther Moeller

(a) Residence. No. 8745 Windom St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John E Moeller

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct. 11, 1847

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80	5	11	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Home
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN): Carlyle
(STATE OR COUNTRY): Ill

PARENTS

10. NAME OF FATHER: Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY)

14. INFORMANT: Wm Moeller
(Address) 8745 Windom

15. FILED 3/24 19 28 Della Bracy M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar 22 1928

17. I HEREBY CERTIFY, That I attended deceased from March 19— 19 8, to March 19 22 that I last saw her alive on March 22 19 28, and that death occurred, on the date stated above, at 12:15 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy

Sub. 74 A.1

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis

From History (duration) 2 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? No. DATE OF L

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Roy Auwaerter, M. D.

Mar. 23, 1928 (Address) 2438 Woodson Rd Overland, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Valhalla Cemetery — DATE OF BURIAL: Mar 24 1928

20. UNDERTAKER: Drehmann Haral — ADDRESS: 1905 Union