

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

Do not use this space.

40826

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City St. Louis (No. 6148 Simpson)

File No.

Registered No. **11470**

St. Ward

2. FULL NAME Louis Moller

(a) Residence No. 6148 Simpson St., 3 Ward.

(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

Male

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

Addie Moller

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 28, 1853

7. AGE

YEARS 77

MONTHS 0

DAYS 7

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Coach Builder

(b) General nature of industry, business, or establishment in which employed (or employer)

Rupp + Moller Co.

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Flourissant

(STATE OR COUNTRY)

Mo.

10. NAME OF FATHER

Moller

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 Louis Moller Jr.

(Address) 2222 Pine St.

15. FILED DEC -7 1930

19 Max C. Starkey REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 5 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1930, to Dec 5, 1930

that I last saw him alive on Dec 5, 1930, and that death occurred, on the date stated above, at 2:50 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar pneumonia
left lower lobe
10.3

(duration) yrs. mos. 3 ds.

CONTRIBUTORY Carotid artery of neck, color (SECONDARY)

(duration) yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

Chouca

(Signed) Frank J. ... M.D.

. 19 (Address) 3701 Westminster

*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

DATE OF BURIAL

Valhalla

Dec 8 1930

20. UNDERTAKER

ADDRESS

Adrian P. Yllo 2707 N Grand

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.

