

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

Do not use this space.

19505

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No. **Christan Hospital**) St. Ward)

File No. **5458**
 Registered No.

2. FULL NAME Fred Moeller

(a) Residence. No. St. **9** Ward. **Owensville Missouri**
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Single**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **May 10, 1931** 19

17. I HEREBY CERTIFY, That I attended deceased from **May 3rd**, 19**31**, to **May 10**, 19**31** that I last saw him alive on **May 7**, 19**31**, and that death occurred, on the date stated above, at **3.30** a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia
 (duration) yrs. mos. **10** ds.
 CONTRIBUTORY **catitis, mucosa**
 (SECONDARY) (duration) yrs. mos. **10** ds.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **May 10 1920**
 7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. or min.
11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Student**
 (b) General nature of industry, business, or establishment in which employed (or employer).
 (c) Name of employer

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH **Owensville Mo**

0 DID AN OPERATION PRECEDE DEATH? **no** DATE OF
 WAS THERE AN AUTOPSY? **no**
 WHAT TEST CONFIRMED DIAGNOSIS **Clinical**
 (Signed) **Joannellius**, M. D.

5.10 .1931 (Address) 2743 North Grand Blvd.

*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 **Owensville Missouri** DATE OF BURIAL **5/12/31** 19

20. UNDERTAKER **Gottenstetter Und.** ADDRESS **Owensville Mo.**

9. BIRTHPLACE (CITY OR TOWN) **Worlean Mo** (STATE OR COUNTRY)
 10. NAME OF FATHER **Henry Moeller**
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Mo** (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER **Minnie Schlottach**
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Mo** (STATE OR COUNTRY)

14. INFORMANT **Minnie Moeller** (Address) **Owensville, Missouri**

15. **MAILED TO 1931** REGISTRAR

Exact statement of OCCUPATION is very important.

