

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

Do not use this space.

**13896**

**1. PLACE OF DEATH**

96 County St. Louis Registration District No. 1160  
10 Township Central Primary Registration District No. 4470  
5 City University City (No. 6851<sup>a</sup> Crest Ave.) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 37

**2. FULL NAME**

Gustav F. S. Moeller

(a) Residence, No. 6851<sup>a</sup> Crest Ave. St. 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 31, 1878

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>53</u>	<u>4</u>	<u>10</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brewer worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (retired)

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

FATHER 13. NAME William H. Moeller

FATHER 14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) \_\_\_\_\_

MOTHER 15. MAIDEN NAME Wilhelmina Heyman

MOTHER 16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Mrs. Martha J. Prigge (ADDRESS) 6851<sup>a</sup> Crest Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine Cem. DATE April 13, 1932

19. UNDERTAKER Geo. L. Pleitich Inc. (ADDRESS) 5966-68 Eastern Ave.

20. FILED April 11, 1932 Lena V. Moeller Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

Aortic stenosis  
92A 92A  
Other contributory causes of importance: \_\_\_\_\_  
(5)

Name of operation None Date of \_\_\_\_\_

What test confirmed autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) John P. Ferguson, M. D.

(Address) Cranes of St. Louis

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.

MAY 28 1932

Dr. J. O. ...  
...  
me.

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