

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

Do not use this space.

41405

1. PLACE OF DEATH

County St. Louis Registration District No. 785

Township Bonhomme Primary Registration District No. 6031

City Crew Cour (No. R.R. # 1)

File No. _____

Registered No. 18

St. _____

Ward) _____

2. FULL NAME N^o August Moeller

(a) Residence, No. Crew Cour Mo St. R.R. #1, 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 M

4. COLOR OR RACE W

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-20-1878

7. AGE

YEARS 54

MONTHS 10

DAYS 0

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 5

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 1

FATHER

13. NAME Geo. Moeller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

MOTHER

15. MAIDEN NAME Agnes Sleehan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Y. 2

17. INFORMANT (ADDRESS) Louise Moeller
Crew Cour R.R. #1

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Pauls Evangelical

19. UNDERTAKER (ADDRESS) Louis H. Bopp
Wardwood

20. FILED 12/21

19 32

Ed. Barnett M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-20-1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 10th 1925 to Dec 20th 1932.
I last saw him alive on Dec 20th 1932 Death is said

to have occurred on the date stated above, at 6 P.M.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
1925
1931
Other contributory causes of importance:
Chronic Interstitial Nephritis 1927
Arteriosclerosis 1925

Name of operation na Date of _____

What test confirmed diagnosis Clinical Was there an autopsy? na

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 L L L

Nature of injury L L L

24. Was disease or injury in any way related to occupation of deceased? na

If so, specify _____

(Signed) Roy Johnson, M. D.

(Address) Ferguson, Mo.

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.

