Dr. Robert Wilson
Arcade Bldg after 3 P.M.

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

Do not use this space.

41486

File No.
Registered No. 3 4 32

1. PLACE OF DEATH
County St. Louis
Township Central
City Creve Coeur (No. , St. Ward)
Registration District No. 289
Primary Registration District No. 6033 B

2. FULL NAME Sophia Moeller
(a) Residence, No. Ballas Rd. 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): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Geo. H. Moeller
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 15 - 1860
7. AGE: Years 72 Months — Days 27 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year): 11/1/31
11. Total time (years) spent in this occupation: 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Manchester Mo.

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Geo. H. Moeller
18. BURIAL, CREMATION, OR REMOVAL PLACE Mes Peres Cem. DATE 12/14/32
19. UNDERTAKER (ADDRESS): Baumann Bros. Overland, Mo.
20. FILED 12/13, 1932 Geo. Gray, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 12, 1932
22. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1932, to Dec. 12, 1932
I last saw h. alive on Dec 11, 1932. Death is said to have occurred on the date stated above, at 3.9 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
1 2	
1 9 3 0	1 3 1

Other contributory causes of importance: Chronic Interstitial Nephritis

Name of operation: Date of
What test confirmed diagnosis? Was there an autopsy?

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?
If so, specify
(Signed) Robert Wilson, M. D.
(Address) 935 Arcade Bldg St Louis 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.