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.

MAY 24 1933

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

Do not use this space.

14358

1. PLACE OF DEATH
County St. Louis — Registration District No. 784
Township St. Ferdinand — Primary Registration District No. 6030
City Florissant, Mo (No. Florissant, Mo. St. Ward)

File No.
Registered No.

2. FULL NAME Mary Moellering
(a) Residence, No. Florissant, Mo. 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 25, 1860

7. AGE: YEARS 73 | MONTHS 1 | DAYS 18 | If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
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. Total time (years) spent in this occupation

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

FATHER
13. NAME William Koester
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Mary Feltman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs. Mary Foeller, Florissant, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sacred Heart Cem. DATE April 15, 1933

19. UNDERTAKER (ADDRESS) Jos. W. Clark, 1125 Hodiamont Ave.

20. FILED 4/13, 1933 Emma J. Harris, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1933, to April 12, 1933
I last saw her alive on April 12, 1933 Death is said to have occurred on the date stated above, at 11 30/A m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral hemorrhage | 5 |
| 466 | |
| 466 | |

Other contributory causes of importance:

| | |
|---|---|
| Carcinoma of liver | 1932 |

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? no

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) J. J. Millmann, M. D.
(Address) Florissant, Mo.