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.

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

Do not use this space.

1. PLACE OF DEATH
County St Louis — Registration District No. 289 — File No. 24329
Township Central — Primary Registration District No. 6033 B — Registered No. 219
City ..... (No. 6587, St. Louis Ave St. ..... Ward)

2. FULL NAME Marie Moeller
(a) Residence, No. 6587 St. Louis Ave 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 Joseph Moeller

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 23, 1849

7. AGE: YEARS 84 — MONTHS 5 — DAYS 4 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home
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) Germany

FATHER
13. NAME Fred Tufhorn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

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

17. INFORMANT (ADDRESS) Mrs. Emma Niemoeller 6587 St. Louis Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peters Cem. DATE July 29, 1933

19. UNDERTAKER (ADDRESS) Drehmann Harral 1905 Union Blvd

20. FILED 7-28-1933 Rolla Bray M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr. 10, 1933, to July 27, 1933
I last saw her alive on July 27, 1933 Death is said to have occurred on the date stated above, at 3:50 P m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of head of Pancreas

Other contributory causes of importance: Senility

Date of onset

Name of operation ..... Date of .....
What test confirmed diagnosis? Phys. Exam 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? no
If so, specify .....
(Signed) John G. McTwiney, M. D.
(Address) 2435 N. Grand