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.

AUG 26 1933

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

Do not use this space.

27578

1. PLACE OF DEATH
County St. Louis — Registration District No. 790 — File No.
Township Central — Primary Registration District No. 6033 — Registered No.
City Clayton (No. 8008 Orlando Dr. St. Ward)

2. FULL NAME John H. Moller
(a) Residence, No. 8008 Orlando St., Ward. Clayton
(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 wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Catherine Moller
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 29 - 1859
7. AGE YEARS 73 MONTHS 7 DAYS 5 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret cigar
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. salesman
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) Ills.

FATHER
13. NAME Frank Moller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

17. INFORMANT (ADDRESS) Mrs. Catherine A. Moller 8008 Orlando Clayton Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine C. DATE 8-7-1933
19. UNDERTAKER (ADDRESS) Louis H Bopp Kirkwood Mo.
20. FILED 8-5, 1933 R. W. Sullivan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/4, 1933
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 10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis;	
Generalized arterio sclerosis;	
Acute ventricular dextra dilatation.	
94B	
94A	
94C	
Other contributory causes of importance:	
Coronary sclerosis;	
Angina pectoris;	1 yr.
Senility	

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) Luke B. Tiernon M.D.
(Address) 3718 Jennings Rd. 8/4/33
Coroner St. Louis Co. M.D.