

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.

OCT 24 1934

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

Do not use this space.

1. PLACE OF DEATH
 96 County St. Louis Registration District No. 785
 Township Bonhomme Primary Registration District No. 6031
 City Near River Station, Missouri River File No. 33963
 Registered No. 218
 St. _____ Ward _____

2. FULL NAME Wm S. G. Moeller
 (a) Residence, No. Crews Court St. _____ Ward Crews Court
 (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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1 1915

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>19</u>	<u>4</u>	<u>1</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barmer 213

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

MOTHER: 13. NAME Wm August Moeller
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
 15. MAIDEN NAME Louise Moeller
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

FATHER: 17. INFORMANT Louise Moeller (ADDRESS) Crews Court
 18. BURIAL, CREMATION, OR REMOVAL PLACE St. Pauls Church DATE 9-7-34

19. UNDERTAKER Louis H Bopp (ADDRESS) Hickwood

20. FILED 97 1934 Agnes C Kelly Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-7-1934

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 9:00 a.m.
 The principal cause of death and related causes of importance were as follows:
Drowned in Mo. River, in the capsizing of a motor boat, from every evidence accidental, when boat became disabled and partially capsized some sixty or seventy feet out in 12 feet of water. Three were in the boat, two were able to swim to shore. Date of onset _____

Other contributory causes of importance: _____

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

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 Yes by minor 9/5/34
 (Signed) _____ (Address) 3718 Jennings, Rd
St. Louis, Mo.

and the other one drowned promptly and went under, about 100 ft. North of St. Louis County water works, Body was recovered 9/5/34 6:20 am and was drowned 9/2/34 8:45 AM. Recovered 1/2 mile down stream at one of the dikes.