

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

Do not use this space.

JUL 8 - 1937

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **ST. LOUIS** (No. **ST. JOHNS HOSP.**) St. Ward)

**22576
6328**

2. FULL NAME **EDWARD MOELLER**

(a) Residence, No. **2828 N 25** St., **26** Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred **44** yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **MALE** 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 **HUSBAND OF MARIE MOELLER**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 14, 1892**

7. AGE YEARS **44** MONTHS **8** DAYS **12** IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **DEPUTY CONSTABLE**

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) **JUNE 1937** 11. Total time (years) spent in this occupation **1**

12. BIRTHPLACE (CITY OR TOWN) **ST. LOUIS** (STATE OR COUNTRY) **MO**

13. NAME **GOTLIEB MOELLER**

14. BIRTHPLACE (CITY OR TOWN) **ST. LOUIS** (STATE OR COUNTRY) **Mo.**

15. MAIDEN NAME **LOUISE HORSTMEIER**

16. BIRTHPLACE (CITY OR TOWN) **ST. LOUIS** (STATE OR COUNTRY) **MO**

17. INFORMANT **MARIE MOELLER** (ADDRESS) **3828 N 25 ST**

18. BURIAL, CREMATION, OR REMOVAL PLACE **310 N** DATE **JUNE 29** 19**37**

19. UNDERTAKER **Wiedmeyer & Sons** (ADDRESS) **393 1/2 N 20 ST**

20. FILED **JUN 29 1937** **St. Breddick** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **6-25-37**

22. I HEREBY CERTIFY That I attended deceased from **June 11**, 19**37**, to **June 26**, 19**37**. I last saw him alive on **June 25**, 19**37**. Death is said to have occurred on the date stated above, at **9:45 A.M.**

The principal cause of death and related causes of importance were as follows:

Cirrhosis of Liver Date of onset **Jan 1937**

Other contributory causes of importance: **Chronic alcoholism** **Several yrs.**

Name of operation **None** Date of

What test confirmed diagnosis? **Biopsy** 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) **Robert S. Ford**, M. D.

(Address) **3126 N Grand Ave**

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.

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