

JAN 24 1938

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

46676  
Do not fill this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 789  
(b) Township Central Primary Registration District No. 6633  
(c) City Pine Lawn (d) Street No. 3646 Ridgedale Registered No. 341  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Louise D. Moke

(a) Residence, No. 3646 Ridgedale St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 9, 1860

7. AGE YEARS 77 MONTHS - DAYS - If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home  
9. Industry or business in which work was done, as saw mill, bank, etc. gln  
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) St. Louis, Mo.

13. NAME Edward Heitzeberg

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Henrietta Klosterman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT Elmer M. Williamson  
(ADDRESS) 3646 Ridgedale Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cem. DATE Dec. 11, 1937

19. FUNERAL DIRECTOR Robert J. Ambruster  
(ADDRESS) Clayton Rd. at Concordia Lane

20. FILED 12-11-37 Edw. Baechner  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 6, 1937, to Dec. 9, 1937  
I last saw her alive on Dec. 9, 1937. Death is said

to have occurred on the date stated above, at 5:30 P.M.  
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 12-6-37  
Pulmonary Edema 12-9-37  
Cerebral Arteriosclerosis 1933

Name of operation..... Date of.....  
What test confirmed diagnosis? Clinical 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 Yes  
(Signed) T. P. Sanchez, M. D.  
(Address) 6203 Natural Bridge Place

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**STATEMENT BY LICENSED EMBALMER**

I, Robert J. Ambruster, Licensed Embalmer No. 1994

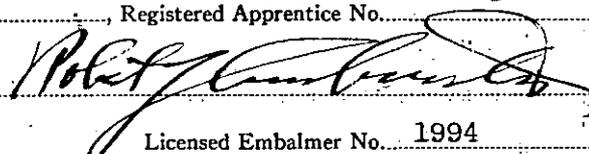
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Edw. H. Bockhorst

L. E.

No. 2502 or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed



Licensed Embalmer No. 1994

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**