

FEB 12 1938

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

456  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
 (b) Township ..... Primary Registration District No. **1003**  
 (c) City **Saint Louis, Missouri.** (d) Street No. **Lutheran Hospital.** St.  
 (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

**Minnie B. Moerschel.** *624*

(a) Residence, No. **2822 Victor Street.** St. **23** (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) **Married**  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Frank F. Moerschel**  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **October 14th, 1881.**  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**56 2 25**

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **House-Wife.**  
 9. Industry or business in which work was done, as 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.** *0*

FATHER  
 13. NAME **Robert H. Taylor.** *0*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri.** *0*

MOTHER  
 15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri.**

17. INFORMANT **Frank F. Moerschel**  
 (ADDRESS) **Sedalia Missouri.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Sedalia Missouri.** DATE **January 9th, 1938**

19. FUNERAL DIRECTOR **Ziegenhein Bros.**  
 (ADDRESS) **2523 Cherokee Street.**

20. FILED **J. Bredeck**  
 (Address) **7606 Michigan**  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **January 9th, 1938.**  
 22. I HEREBY CERTIFY, That I attended deceased from **Jan 1**, 19**38**, to **Jan 9**, 19**38**.  
 I last saw her alive on **Jan 9**, 19**38**. Death is said to have occurred on the date stated above, at **5:15 P.M.**  
 The principal cause of death and related causes of importance were as follows:

**Chronic myocarditis**  
*Small green caps*  
 Date of onset  
 Other contributory causes of importance:  
*None*

Name of operation **none** Date of  
 What test confirmed diagnosis? **Chemical** 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 **bt**

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify  
 (Signed) **Owen J. Ramirez**, M. D.  
 (Address) **7606 Michigan**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

STATEMENT BY LICENSED EMBALMER

I, Juddie A. Ziegenhein, Licensed Embalmer No. 2270.

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

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed Juddie A. Ziegenhein  
Licensed Embalmer No. 2270.

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