

DEC 12 1938

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

37995  
Do not use this space.

1. PLACE OF DEATH

(a) County .....  
 (b) Township .....  
 (c) City ST. LOUIS.  
 (d) Street No. ST. LUKE'S HOSP. (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.

791  
1003

Registered No. 10322

2. PRINT FULL NAME

(a) Residence, No. 460 Baby Moeller - B  
1937<sup>th</sup> Montgomery St. 26  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female  
 4. COLOR OR RACE White  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Still born

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-28-38  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. —

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 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) ST. LOUIS  
M.O.

FATHER  
 13. NAME W.M. MOELLER  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OHIO

MOTHER  
 15. MAIDEN NAME VICTORIA RITKOWICZ  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ILL

17. INFORMANT (ADDRESS) W.M. Moeller  
1937<sup>th</sup> Montgomery

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla DATE 11-28-38

19. FUNERAL DIRECTOR (ADDRESS) Alexander Iron  
6150<sup>th</sup> Central

20. FILED NOV 30 1938  
J.F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 28 1938

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.  
 I last saw her live on Nov. 28, 1938. Death is said to have occurred on the date stated above, at 11 P.m.  
 The principal cause of death and related causes of importance were as follows:

Still birth

Other contributory causes of importance:  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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) J. Russell Vaughan, M. D.  
 (Address) St. Lukes Hospital, Cal.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1 X12804

STATEMENT BY LICENSED EMBALMER

I, Not Embalmed....., Licensed Embalmer No.....

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 Joe E Mculloh.....

Licensed Embalmer No. 2460.....

**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.)**