

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.

AUG 17 1939

Registration District No.

1781  
K008

Primary Registration District No.

Registrar's No.

5904

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town St. Louis.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
3014a Pennsylvania Ave.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether in this community, years, months or days)

3. (a) PRINT FULL NAME Elizabeth Moeller  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Michael B. Moeller  
 6. (c) Age of husband or wife if alive 67 years  
 7. Birth date of deceased Sept. 25, 1872  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	66	9	8	hr. min.

9. Birthplace Boonville, Ind.  
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business \_\_\_\_\_

12. Name Charles Kirsch

13. Birthplace Germany.

14. Maiden name Josephine Kirsch

15. Birthplace Germany

16. (a) Informant's own signature Mariane Gmelch

(b) Address 3014 Pennsylvania Ave.

17. (a) Burial (b) Date thereof Jul. 6, 1939

(c) Place: burial or cremation SS. Peter & Paul Cem.

18. (a) Signature of funeral director J. H. Golden & Co

(b) Address 2630 Gravois Ave.

19. (a) HHH 4 1939 (b) J. P. Bredsch

(c) Associated local registrar (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis.  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 3014a Pennsylvania Ave.  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3rd  
 year 1939 hour 11 minutes 15 A. M.

21. I hereby certify that I attended the deceased from June 26, 1939 to July 3, 1939  
 that I last saw her alive on July 3, 1939  
 and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris Duration 2 hrs.

Due to Chronic Myocarditis 2 yrs  
Chronic Int Nephritis 1

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature W. O. Aufenbender (M. D. or other) MD

Address 3103 Campbell St. Date signed 7/14/39

3113 Arsenal St.  
3864 Frederic Place.  
9-10 - Am

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed: *Herman A. Gebken*

Licensed Embalmer No. *2120*

P. O. Address.....

**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.)**

**If this body is not embalmed, above space should be left blank.**