DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4596

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 1426

1. PLACE OF DEATH: FEB MAR 12 1940
(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4yr.8mo.5days (Specify whether
In this community 6 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis 13
(If outside city or town limits, write "RURAL")
(d) Street No. 0 5800 Arsenal
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME 460 Catherine 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 Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October (Month) 10 (Day) 1870 (Year)

8. AGE: Years 69 | Months 4 | Days 1 | If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
10. Usual occupation None
11. Industry or business
FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant's own signature J. H. Sullivan
(b) Address 5800 Arsenal St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 13th, 40 (Month) (Day) (Year)
(c) Place: burial or cremation Concordia Cemetery.
18. (a) Signature of funeral director Ziegenhein Bros.
(b) Address 2623 Cherokee Street.
19. (a) FEB 13 1940 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 11
year 1940 hour 1:15 minute P. M.
21. I hereby certify that I attended the deceased from Aug. 29, 1939, to Feb. 11, 1940
that I last saw her alive on Feb. 11, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Malignancy Rt. Eye	
Due to	
Due to	
Other conditions Degenerative Heart Disease (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Same	

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 None
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature Geo. S. Bealer M. D. (M. D. or other)
Address 2600 Arsenal Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.

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 V E Morris

Licensed Embalmer No. 9360

P. O. Address 2623 Cherok

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

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