No. 2
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17-39
X23159

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41093

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 10864

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: Deaconess Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days (Specify whether years, months or days)

In this community ? 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 7

(d) Street No. 5446 Arlington Ave. (If rural, give location)

0

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME William H. Moeller

3. (b) If veteran, name war None

3. (c) Social Security No. 488-12-4524

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Alvina Moeller

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased April (Month) 15, (Day) 1864 (Year)

8. AGE: Years 76 Months 8 Days 14 If less than one day hr. min. 0

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 1

10. Usual occupation Salesman - Retired

11. Industry or business Clothing - Famous Barr Co.

FATHER
12. Name Fred Moeller
13. Birthplace --- (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Anna Nordsiek
15. Birthplace --- (City, town, or county) Germany (State or foreign country)

16. (a) Informant F. G. Wm. Moeller

(b) Address 5436 Claxton Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 1, 1941. (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Wm. M. Schumacher

(b) Address 4834 Natural Bridge.

19. (a) DEC 31 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 29th. year 1940 hour 4:30 minute P. M.

21. I hereby certify that I attended the deceased from Dec 18, 1940 Dec. 18, 1940, to Dec. 29, 1940; that I last saw him alive on Dec. 29, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death 1) Pulmonary embolism and Thrombosis (sudden death)

Due to 2) Hematuria due to Rupture of dilated veins of bladder and prostate,

Due to Operation; Cystotomy.

Other conditions (Include pregnancy within 3 months of death) 0

Major findings: Of operations Hemorrhage into bladder from ruptured veins

Of autopsy "no autopsy"

Duration 10 days.

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? — (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 Walter G. Kirchner (M. D. or other)

Address 508 N. Grand Blvd. Date signed 12/30/4

(Licensed Embalmer's Statement on Reverse Side)

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 John J. Ketter

Licensed Embalmer No. 3880

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.