No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 23 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16668

Registration District No. 7911 Primary Registration District No. 1003 Registrar's No. 4186

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

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: 5000a Emerson 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 7 17
(If outside city or town limits, write "RURAL") 9

(d) Street No. 5000a Emerson Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ------ 0 years.

3. (a) PRINT FULL NAME Ferdinand W. Moeller

3. (b) If veteran, name war No

3. (c) Social Security No. 486-28-9068

4. Sex Male ( )

5. Color or race White

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

6. (b) Name of husband or wife Frieda (Sperber) Moeller

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased February 15, 1890
(Month) (Day) (Year)

8. AGE: Years 51 Months 3 Days 3 If less than one day hr. min.

9. Birthplace Blackjack, Mo. 8 ( )
(City, town, or county) (State or foreign country)

10. Usual occupation Foundry Worker

11. Industry or business

FATHER
12. Name Frederick Moeller
13. Birthplace Blackjack Mo. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Scharlotta Boekelmann
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Frieda Moeller
(b) Address 5000a Emerson Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 20 '41
(Month) (Day) (Year)
(c) Place: burial or cremation New Bethlehem Cem.

18. (a) Signature of funeral director Bromschurg Und Co.
(b) Address 4746 W. Florissant Ave.

19. (a) MAY 19 1941 (Date received local registrar) (b) J. T. Burdick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17th
year 1941 hour 7 minute 55 M.

21. I hereby certify that I attended the deceased from May 5th, 1941, to May 17, 1941;
that I last saw him alive on May 17th, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Coronary Occlusion

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 J. F. Hecker (M. D. ~~or other~~) 0
Address 2901 N Newstead Date signed 5/19/41

(Licensed Embalmer's Statement on Reverse Side)

Dr. Strecker
2901a N. Newstead

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 Guy W Wilkinson

Licensed Embalmer No. 3575

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.