DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

R01884

State File No. 18922

Registration District No. 780 Primary Registration District No. 200 Registrar's No. 1168

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Carsonville (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 73 Bellerive Acres (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 2 Mos. 11 Days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Richmond Heights (If outside city or town limits, write "RURAL")

(d) Street No. 1020 S. Big Bend Bl. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Minnie K. Moerschell

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 Widow

6. (b) Name of husband or wife William E. Moerschell, Sr.

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

7. Birth date of deceased May (Month) 21, (Day) 1860 (Year)

8. AGE: Years 81 Months 0 Days 11 If less than one day hr. min.

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

10. Usual occupation At home

11. Industry or business

FATHER
12. Name George Gropp
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Caroline Kaiser
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant's own signature Clinia M. Kron

(b) Address Chesterfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/4/41 (Month) (Day) (Year)

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

18. (a) Signature of funeral director Charles Kron Funeral Home

(b) Address 4911 Washington Blvd.

19. (a) JUN - 3 1941 (Date received local registrar) (b) R. Meyer M.D. Dr. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2 year 1941 hour 2 minute 25 a M.

21. I hereby certify that I attended the deceased from Nov. 29, 1940 to June 2, 1941; that I last saw her alive on June 2, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of uterus and bladder primary

Due to

Due to 52 f

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 H. A. Uhlemeyer (M. D. or other) M.D.

Address 1511 S. Grand Date signed 6-2-41

(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.

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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 Thomas L. Fenwick

Licensed Embalmer No. 3793

P. O. Address St Louis, Mo.

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

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