

FILED JAN 31 1945

318

Primary Registration District No.

1003

Registrar's No.

625

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 3509 Wyoming St.  
(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 Lulu Croissant 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 George H. A. 6. (c) Age of husband or wife if 23 years 1875

7. Birth date of deceased: Dec. (Month) 23 (Day) 1875 (Year)

8. AGE: Years 69 Months 0 Days 28 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation: Housewife

MOTHER FATHER 11. Industry or business \_\_\_\_\_

12. Name: Charles Bockelmann,

13. Birthplace: Germany (City, town, or county) (State or foreign country)

14. Maiden name: Unknown

15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Geo. H. A. Moeller

(b) Address: 3509 Wyoming St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 22, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation: New Picker's Cemetery

18. (a) Signature of funeral director: Walter Hiller  
3634 Gravois Ave.

(b) Address: \_\_\_\_\_

19. (a) JAN 22 1945 (Date received local registrar) J. F. Brudick (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. 3509 Wyoming St. (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 20  
year 1945 hour 5 minute 45 A.M.

21. I hereby certify that I attended the deceased from July 1, 1945 to Jan 20, 1945  
that I last saw him alive on Jan 19, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Coronary Thrombosis  
Chronic Myocarditis  
Due to \_\_\_\_\_

Due to Arterio Sclerosis  
Other conditions: Hypertension  
(Include pregnancy within 3 months of death)

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

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? No

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature: J. F. Brudick (M. D.) \_\_\_\_\_

Address: 1537 No. Grand St. Date signed: 1/20/45

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

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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.....

Licensed Embalmer No.....

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, fact should be so stated above.**