

FILED FEB 13 1945
Registration District No. 317

Primary Registration District No. 3070

Registrar's No. 2885

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Webster Groves (19) Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
119 S. Gore 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 17 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis ⁹⁶

(c) City or town Webster Groves (19) ⁷
(If outside city or town limits, write "RURAL")

(d) Street No. 119 Sp. Gore Ave ⁴
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) ^U
If yes, name country _____

3. (a) PRINT FULL NAME Alexander Charles Moeller

3. (b) If veteran, name war none

3. (c) Social Security No. 345-07-3749

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 23
year 1945 hour 12 minute 05 P. M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mabel Coppock Moeller 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased: September 23 1884
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec. 11, 1944 to Jan. 23, 1945
that I last saw him alive on January 23, 1945
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>4</u>	<u>0</u>	hr. _____ min. _____

Immediate cause of death Cerebral hemorrhage
right hemoplegia Duration 10 hrs

9. Birthplace La Salle Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Sales Manager

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business Dearborne Chemical

12. Name Alexander C. Moeller

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

14. Maiden name Amelia Zimmer

15. Birthplace Cobb Wis.
(City, town, or county) (State or foreign country)

Major findings:
Of operations Cerebral

Of autopsy 08

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mabel Coppock Moeller

(b) Address 119 S Gore Ave Webster Groves

17. (a) Burial (b) Date thereof 1/26/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Mittelberg Fun. Home
Webster Groves (19) Mo.

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? _____

(a) Signature of Registrar E. H. Malvern

(b) Address Webster Groves Mo.

19. (a) JAN 25 1945 (b) _____
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of Injury _____

(a) Signature Arthur W. Westray (M. D. or other) _____

(b) Address Webster Groves Mo. Date signed 1-24-45

FEB 23 1945

DEC 31 1948

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 M. Meyer
Licensed Embalmer No. 3288
P. O. Address 340 W. Adams Ave
Werkinaad (23) Mo.

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.