V. S. No. 2
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Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29259

FILED OCT 6 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8488

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: St. John's Hospital 0
(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 Franklin 36

(c) City or town New Haven - Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 9 Miles west of New Haven 0
(If rural, give location)

(e) Citizen of foreign country? NR (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Shirley Martha Moeckli

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased November (Month) 9 (Day) 1938 (Year)

8. AGE: Years 6 Months 10 Days 20 If less than one day hr. min.

9. Birthplace New Haven R.F.D. 1 (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Student

11. Industry or business

FATHER
12. Name William Moeckli
13. Birthplace Swiss (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Mabel Maupin
15. Birthplace Stony Hill (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Mr. William Moeckli
(b) Address New Haven, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-2-45 (Month) (Day) (Year)
(c) Place: burial or cremation New Haven, Missouri

18. (a) Signature of funeral director Paul Blumer
(b) Address Berger, Missouri

19. (a) OCT 1 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 29 year 1945 hour 7:00 minute A. M.

21. I hereby certify that I attended the deceased from May 15/45, 19, to, 19; that I last saw her alive on Sept 29/45, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lymphatic Leukemia	6 mos
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 0

23. Signature Jos P Coulette (M. D. or other)
Address 496-2 Maryland Date signed Sept 29/45

(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.....

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.