

**FILED** SEP 30 1946

Registration District No. 517 Primary Registration District No. 6076

**1. PLACE OF DEATH:**  
 (a) County St. Louis  
 (b) City or town Creve Coeur  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Craig Road  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution. 43-Years (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County St. Louis  
 (c) City or town Creve Coeur  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Craig Road  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country.

**3. (a) PRINT FULL NAME** Magdalena H. Moeller  
**3. (b) If veteran, name war** None **3. (c) Social Security No.** None  
**4. Sex** F **5. Color or race** W  
**6. (a) Single, widowed, married, divorced** M  
**6. (b) Name of husband or wife** Julius J. **6. (c) Age of husband or wife if alive** 65 years  
**7. Birth date of deceased** Sept. 15 1884  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>11</u>	<u>28</u>	hr. min.

**9. Birthplace:** Olivette Mo.  
 (City, town, or county) (State or foreign country)

**10. Usual occupation** Housewife

**11. Industry or business**

**MOTHER, FATHER**  
**12. Name** William Wagner  
**13. Birthplace** Olivette Mo.  
 (City, town, or county) (State or foreign country)  
**14. Maiden name** Louise Guettner  
**15. Birthplace** St. Louis Mo.  
 (City, town, or county) (State or foreign country)

**16. (a) Informant** Julius J. Moeller  
**(b) Address** Creve Coeur, Mo.

**17. (a) Burial, cremation, or removal** Burial **(b) Date thereof** 9-16-46  
 (Month) (Day) (Year)

**(c) Place: burial or cremation** St. Pauls Ev. Cemetery

**18. (a) Signature of funeral director** Baumhart Brothers Inc  
**(b) Address** 2504-Woodson Rd Overland

**19. (a)** 9-16-46 **(b)** Ruth L. Adams  
 (Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month Sept day 12  
 year 1946 hour 5 minute 00 P. M.

**21. I hereby certify that I attended the deceased from** June 3 1946 to Sept 12 1946  
 that I last saw her alive on Sept 2 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death Tachycardia  
mitral regurgitation  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions 92B  
 (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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
**23. Signature** J. M. Black (M. D. or other)  
**Address** 708 N. Springfield Hwy **Date signed** 9-26-46

Duration 1 1/2 yrs  
 ?  
**PHYSICIAN**  
 \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 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.**