S. No. 2
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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. 35423

FILED NOV 7 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9044

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: MO. BAPTIST HOSP.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution HOSP. 4 WKS (Specify whether
In this community 70 YRS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

(c) City or town ST. LOUIS, Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 3920 LEXINGTON AVE
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME CLARA MOELLER

3. (b) If veteran, name war NIL

3. (c) Social Security No. NONE

4. Sex F

5. Color or race W.

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 JULY 16, 1876
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
70	3	5	hr. min.

9. Birthplace ST. LOUIS (City, town, or county) Mo (State or foreign country)

10. Usual occupation HOUSEWORK

11. Industry or business NONE

FATHER
12. Name HENRY MOELLER 4
13. Birthplace UNK. (City, town, or county) GERMANY (State or foreign country)

MOTHER
14. Maiden name CAROLINE FINKE
15. Birthplace UNK. (City, town, or county) GERMANY (State or foreign country)

16. (a) Informant MARY MOELLER
(b) Address 3920 LEXINGTON AVE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10/24/46 (Month) (Day) (Year)
(c) Place: burial or cremation FRIEDENS CEM

18. (a) Signature of funeral director Suedmeyer
(b) Address 3934 N. 20 ST.

19. (a) OCT 22 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 21
year 1946 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sep 1, 1946 to Oct 21, 1946
that I last saw her alive on Oct 21, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Embolus cordialis	
Due to: Arterial Hypertension	
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

23. Signature: Emmy Rose M.D. (M.D. or other)
Address 1918 Eastgrand Date signed 10/21/46

(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 me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed A. A. Smithers

Licensed Embalmer No. 3916

P. O. Address 3934 N. 20 St

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.