

FILED MAR 8 1948
3487

Registration District No. _____

Primary Registration District No. 3066

Registrar's No. 322

1. PLACE OF DEATH
St. Louis
(a) County
(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
545 S. Fillmore 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 Several Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Kirkwood 4
(If outside city or town limits, write "RURAL")
(d) Street No. 545 S. Fillmore Ave. 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Louise C. Moeller
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb 22 day 22
year 48 hour 10 minute AM M.

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Widow 2
(b) Name of husband or wife E. Edward Moeller
(c) Age of husband or wife if alive _____ years
7. Birth date of deceased October 1 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10-21-41
19 41 to Feb 22 19 48
that I last saw her alive on Feb 22 19 48
and that death occurred on the date and hour stated above.

8. AGE: Years 75 Months 4 Days 21
If less than one day _____ hr. min.

Immediate cause of death Arteriosclerotic heart disease
Due to Senility
Duration 5 yr's

9. Birthplace Chester Ill. /
(City, town, or county) (State or foreign country)
10. Usual occupation Retired

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business _____
12. Name John Strus
13. Birthplace Hanover, Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Augusta Hartman
15. Birthplace St. Louis Missouri 0
(City, town, or county) (State or foreign country)
16. (a) Informant Carl W. Moeller
(b) Address 616 S. Fillmore, Kirkwood
17. (a) Burial (b) Date thereof 2/25/48
(Burial, cremation, or reburial) (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter's Cemetery
18. (a) Signature of funeral director Louis H. Bopp, Inc.
(b) Address 131 W. Argonne Dr. Kirkwood
19. (a) 2-24-48 (b) Cecil J. Shapiro
(Date received local registrar) (Registrar's signature)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
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?
While at work? _____ (Specify type of place)
(a) Means of injury _____
23. Signature _____ (a) Signature of physician or coroner
Address 204 E. Big Bend Date signed 2/23/48

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

1946
MAY 7 1946

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..... *Felix Duand*

Licensed Embalmer No..... *3034*

P. O. Address..... *Winkwood 22 m*

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.