

FILED APR 2 1949
Hlv. Tinsley

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10975

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 612

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY OR TOWN <u>Overland</u>		c. CITY OR TOWN <u>Overland</u>	
c. LENGTH OF STAY (In this place) <u>15-yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>9219-Tudor Avenue</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 12 1949</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u> b. (Middle) <u>Catherine</u> c. (Last) <u>Moeller</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 17-1873</u>
9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR: Months <u>10</u> Days <u>28</u> IF UNDER 4 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>XXXXX</u>	11. BIRTHPLACE (State or foreign country) <u>Chesterfield Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>George Ravens</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Trog</u>	14. NAME OF HUSBAND OR WIFE <u>Andrew Moeller Sr.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Agnes Graeser Creve Coeur, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Arteriosclerosis</u>	
		DUE TO (c) <u>Blood Pressure High</u>	
II. OTHER SIGNIFICANT CONDITIONS		4343	
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Overland, Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>123</u> , 19 <u>43</u> , to <u>3-12</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>3-10</u> , 19 <u>49</u> , and that death occurred at <u>Si 302 m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>F. P. Tinsley M.D.</u>		23b. ADDRESS <u>4116 Rockland</u>	23c. DATE SIGNED <u>3-14-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-15-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Zion Lutheran Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Maryland HEIGHTS, MO.</u>
DATE REC'D BY LOCAL REG. <u>3-10-49</u>	REGISTRAR'S SIGNATURE <u>Thurmond L. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>... Overland, Mo.</u>	

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed Oscar F. Mueller

Signed _____
Student Embalmer

Licensed Embalmer No. 3039

P. O. Address Overland, (x) 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.