

FILED MAY 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18147

State File No. 839

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 839

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY OR TOWN Sycamore Hills		c. CITY OR TOWN Sycamore Hills	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 2418-Oakland Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2418-Oakland Avenue			

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Edward c. (Last) Moeller			4. DATE OF DEATH (Month) (Day) (Year) Apr. 5 1949		
---	--	--	---	--	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 24 1878	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 10 Days 12	IF UNDER 12 HRS. Hours Min.
--------------------	-------------------------------	---	-------------------------------------	---	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painting Contractor	10b. KIND OF BUSINESS OR INDUSTRY self	11. BIRTHPLACE (State or foreign country) St. Louis Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	---	--	--

13a. FATHER'S NAME John Moeller	13b. MOTHER'S MAIDEN NAME Sarah Young	14. NAME OF DECEASED OR WIFE Alice M. Moeller
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Alice M. Moeller ADDRESS 2418-Oakland Ave. Overland-14-Mo.
--	-------------------------------------	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 hr - 15 min
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Embolism		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) None 1901 DUE TO (c) None		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None 940			

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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 **1/15/48**, 19__ to **4/4**, 19**49**, that I last saw the deceased alive on **4/4**, 19**49**, and that death occurred at **4:15** p.m., from the causes and on the date stated above.

23a. SIGNATURE Richard P. Rounce (Degree or title) D.O.	23b. ADDRESS 2335 Brown Road	23c. DATE SIGNED 4/6/49
---	-------------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-7-1949	24c. NAME OF CEMETERY OR CREMATORY Walhalla Cemetery	24d. LOCATION (City, town, or county) (State) Wellston, Mo.
---	---------------------------	---	--

DATE REC'D BY LOCAL REG. 4-7-49	REGISTRAR'S SIGNATURE Harold G. Linniger	25. FUNERAL DIRECTOR'S SIGNATURE W. Baumann Bros ADDRESS 2504 Woodman Rd Overland 14 Mo
--	---	---

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

W 4580

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 14

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.