

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 3063		Registrar's No. 21	
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 (If outside corporate limits, write RURAL and give township) Clayton		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) Pattonville Rural		4090	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospital				d. STREET ADDRESS (If rural, give location) Raymond Avenue			
3. NAME OF DECEASED (Type or Print) Andrew		a. (First)		b. (Middle) Moeller		c. (Last)	
4. DATE OF DEATH Jan. 2, 1951		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Sept. 12, 1869		9. AGE (In years last birthday) 81	
5. SEX Male		6. COLOR OR RACE White		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer		10b. KIND OF BUSINESS OR INDUSTRY Old Age	
11. BIRTHPLACE (State or foreign country) Creve Coeur, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME George Moeller		13b. MOTHER'S MAIDEN NAME Agnes Sluhan	
14. NAME OF HUSBAND OR WIFE Anna C. Dod.		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 Paul Moeller Pattonville, 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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Organic Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gravide Arthritis DUE TO (c) — II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 6 Mos.	
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)		4343	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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 Aug 26, 1950 , to Dec 21, 1950 , that I last saw the deceased alive on Aug 21, 1950 , and that death occurred at 10 P. M. , from the causes and on the date stated above.							
23a. SIGNATURE A. R. Finley M.D. (Degree or title)				23b. ADDRESS 9438 Lackland		23c. DATE SIGNED 1-5-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-5-1951		24c. NAME OF CEMETERY OR CREMATORY Zion Ev. Lutheran Cem		24d. LOCATION (City, town, or county) (State) Maryland Heights, Mo.	
DATE REC'D BY LOCAL REG. 1/5/51		REGISTRAR'S SIGNATURE Herbert R. Donke M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Baumman Bros. Inc. ADDRESS 2504 Woodson Rd. Overland-14, Mo.			

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

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 3454

.....
working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address Overland 147

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.