

FILED JUN 9 1951

State File No. **183389**
4847
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis	c. LENGTH OF STAY (in this place) 2 yrs	c. CITY (If outside corporate limits, write RURAL and give township) Richmond Heights	4485
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Little Sisters of Poor		d. STREET ADDRESS (If rural, give location) 2132 N & S Rd.	

3. NAME OF DECEASED (Type or Print) Herman		c. (Last) George Moeller		4. DATE OF DEATH (Month) (Day) (Year) May 7 1951		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Nov. 16 1871	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months Days 0	IF UNDER 24 HRS. Hours Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (State or foreign country) St. Charles Mo.		12. CITIZEN OF WHAT COUNTRY? 0

13a. FATHER'S NAME Henry Moeller	13b. MOTHER'S MAIDEN NAME Katherine Schoene	14. NAME OF HUSBAND OR WIFE Wilhelmenia Moeller
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) none	16. SOCIAL SECURITY NO. NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Helen Mittler, 2132 N. & S.Rd.

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 1/2
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) None except Scurvy		
DUE TO (c) None		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None	

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	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) m. None	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? A22.2
22. I hereby certify that I attended the deceased from April 1 1951 to May 7 1951 , that I last saw the deceased alive on May 5 1951 , and that death occurred at 7:45 p. m. , from the causes and on the date stated above.		

23a. SIGNATURE Edward S. Lowe, M.D.	(Degree or title)	23b. ADDRESS 2435 N Grand Blvd	23c. DATE SIGNED 5-8-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/10/51	24c. NAME OF CEMETERY OR CREMATORY Luthern	24d. LOCATION (City, town, or county) (State) St. Charles Mo.

DATE REC'D BY LOCAL REG. MAY 8 1951	REGISTRAR'S SIGNATURE J. B. Karater	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Drehmann-Harral, 1905 Union Blvd.
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Dr. B. H. Floete,
2435 N Grand Blvd.

(2:30 to 4:30)

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Albert P. Thompson Jr.

Signed _____

Student Embalmer

Licensed Embalmer No. 4237

P. O. Address St. Louis

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.