

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23045

State File No. _____

5786

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|--|--|--|---|---|---|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis | | c. LENGTH OF STAY (In this place) _____ | | c. CITY OR TOWN St. Louis | | d. Residence within limits of a city or incorporated town? XXX No | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony Hospital | | | | e. STREET ADDRESS (If rural, give location) 24 3121a California Ave. | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) William | | b. (Middle) B. | | c. (Last) Moehle | | 4. DATE OF DEATH (Month) (Day) (Year) June 9 1953 | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH Oct. 1, 1884 | |
| 9. AGE (In years last birthday) 68 | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 24 HRS. Hours _____ Min. _____ | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales Representative | | | 10b. KIND OF BUSINESS OR INDUSTRY Globe-Democrat | | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13a. FATHER'S NAME Paul Moehle | | | 13b. MOTHER'S MAIDEN NAME Katherine Day | | 14. NAME OF HUSBAND OR WIFE Sadie Moehle | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown | | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sadie Moehle - 3121a California | | |
| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Emphysema, Chronic obstructive DUE TO (c) Ch. Pulmonale II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | INTERVAL BETWEEN ONSET AND DEATH 10 yrs. 10 yrs. |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 4343 | | | |
| 22. I hereby certify that I attended the deceased from Sept 1951 , to 6-8 , 19 53 , that I last saw the deceased alive on 6-8 , 19 53 , and that death occurred at 7:45 a.m. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE J. J. Muly (Degree or title) med | | | 23b. ADDRESS 3109 S. Paul | | 23c. DATE SIGNED 6-9-53 | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE June 12, 1953 | | 24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park | | 24d. LOCATION (City, town, or county) (State) St. Louis County Missouri | |
| DATE REC'D BY LOCAL REG. JUN 11 1953 | | REGISTRAR'S SIGNATURE J. Earl Smith M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wacker-Alderle 3634 Gravois Ave. | | | |

(Licensed Embalmer's Statement on Reverse Side)

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Robert Wheeler

Licensed Embalmer No. *212*

P. O. Address *St Louis 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.