

S. No. 300  
V. 10.48

FILED NOV 6 - 1953  
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REG# 16039

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37918

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2237

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>ILLINOIS</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>JEFFERSON BARRACKS, MO.</b> )		c. CITY OR TOWN <b>BELLEVILLE</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>7442 DAYS</b>		e. STREET ADDRESS (If rural, give location) <b>1139 Bel-Aire Drive</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Walter</b>	b. (Middle) <b>H.</b>	c. (Last) <b>MOEHL</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>10-20-53</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>3-21-91</b>
9. AGE (In years last birthday) <b>62</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 YEAR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SALESMAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>MUSIC &amp; THEATRICAL</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>BELLEVILLE, ILLINOIS</b>
			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>OSCAR MOEHL</b>	13b. MOTHER'S MAIDEN NAME <b>LOUISE (UNKNOWN)</b>	14. NAME OF HUSBAND OR WIFE <b>AMELIA MOEHL</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WW I</b>	16. SOCIAL SECURITY NO. <b>UNKNOWN</b>	17. INFORMANT'S SIGNATURE OR NAME <b>VA HOSPITAL RECORDS, JEFF BRKS, MO.</b>	ADDRESS _____
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Massive hemorrhage from gastro-intestinal tract</b>		<b>19 years</b>
	ANTECEDENT CAUSES DUE TO (b) <b>Erosion of duodenal artery</b>		
DUE TO (c) <b>Duodenal ulcer</b>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Multiple sclerosis</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	<b>5410</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from 6-5, 1933, to 10-20, 1953, and that death occurred at 8:35P m., from the causes and on the date stated above.

23a. SIGNATURE <b>R. A. ALLEN</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>VET ADM HOSP., JEFF BRKS, MO.</b>	23c. DATE SIGNED <b>10-21-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>Oct. 24, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Walnut Hill</b>	24d. LOCATION (City, town, or county) (State) <b>Belleville, Illinois</b>
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DATE REC'D BY LOCAL REG <b>10/23/53</b>	REGISTRAR'S SIGNATURE <b>Hebert G. ...</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>...</b>	ADDRESS <b>Belleville, Ill.</b>
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Licensed Embalmer's Statement on Reverse Side)

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

4000

**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.....  
Licensed Embalmer No. 3691

P. O. Address Bellville.....

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.