

FILED APR 26 1954

STANDARD CERTIFICATE OF DEATH

State File No. **14464**

No. 300  
10-48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **590** Registrar's No. **8417**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Wellston</b>		c. CITY OR TOWN <b>Wellston</b>	d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>53 YRS</b>		e. STREET ADDRESS (If rural, give location) <b>1542 Valley</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1542 Valley</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>VIDA</b> b. (Middle) <b>MOELLER</b> c. (Last) <b>HOEFS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>4-7-1954</b>		
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5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>7-18-1880</b>	9. AGE (In years last birthday) <b>73</b>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 2 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Maid</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housework</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Franklin Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
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13a. FATHER'S NAME <b>George Moeller</b>		13b. MOTHER'S MAIDEN NAME <b>Annabell Brant</b>		14. NAME OF HUSBAND OR WIFE <b>Arthur Hoefs</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>unk.</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Stella Keller</b>		ADDRESS <b>119 E Maple Kirkwood</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <b>2 months</b>	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic heart disease</b>					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4200</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 **4/3**, 19**54**, to **4/3**, 19**54**, that I last saw the deceased alive on **4/3**, 19**54**, and that death occurred at **8 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>William D. Senior M.D.</b>		23b. ADDRESS <b>1105 Central Clayton Mo</b>		23c. DATE SIGNED <b>4/8/54</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>		24b. DATE <b>April 10 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Walhalla Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co.</b>	
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DATE REC'D BY LOCAL REG. <b>4/9/54</b>		REGISTRAR'S SIGNATURE <b>Herbert R. ...</b>		FUNERAL DIRECTOR'S SIGNATURE <b>... Home ...</b>		ADDRESS <b>...</b>	
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

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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.....  
*Leslie Welch*

Licensed Embalmer No. *437*

P. O. Address *Holston St*

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.