

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39036

FILED NOV 22 1954

State File No.

318

1003

10125

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE MO. b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo. c. LENGTH OF STAY (in this place) _____

c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION 3806 Greer Ave. f. STREET ADDRESS (If rural, give location) 3806 Greer Ave. 2109
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3. NAME OF DECEASED (Type or Print) a. (First) Julius F. b. (Middle) Moeller c. (Last) _____

4. DATE OF DEATH (Month) (Day) (Year) Nov. 5th, 1954

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH Dec. 7th, 1871 9. AGE (In years last birthday) 82 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) None 10b. KIND OF BUSINESS OR INDUSTRY None 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. 12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME Frederick Moeller 13b. MOTHER'S MAIDEN NAME Anna Rolf 14. NAME OF HUSBAND OR WIFE Emma C. Moeller

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 ADDRESS victor F. Moeller 6256 Richelberger

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion INTERVAL BETWEEN ONSET AND DEATH Instant

ANTECEDENT CAUSES DUE TO (b) arterio sclerotic 2 yrs.

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) heart disease with hypertension

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 _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? 4200

22. I hereby certify that I attended the deceased from Jan 1853 to Nov 5, 1954 that I last saw the deceased alive on Nov 3, 1954 and that death occurred at 10 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W.D. Oliver 23b. ADDRESS St. Louis 23c. DATE SIGNED 11/8/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Nov. 9th, 1954 24c. NAME OF CEMETERY OR CREMATORY St. Peters 24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REG. NOV 8 1954 REGISTRAR'S SIGNATURE Carl Smith MD 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wraeger funeral dir. 3402 N. Kingshigh

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

WAY

AUG 21 1951

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 *W. W. Wilkinson*

Licensed Embalmer No. *35*

P. O. Address *M. L. ...*

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.