No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39742

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2551

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Affton
c. LENGTH OF STAY (in this place) 41 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Gravois Rd.-R.R.14, Affton

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Affton 4820
d. STREET ADDRESS (If rural, give location) Gravois Rd. R.R. 14 Affton 23, Mo

3. NAME OF DECEASED (Type or Print)
a. (First) Dorothea
b. (Middle) Marie
c. (Last) Moehner

4. DATE OF DEATH (Month) (Day) (Year) Nov. 2, 1954

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Feb. 18, 1883
9. AGE (In years last birthday) 71 — If under 1 year: Months 8, Days 14 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY home
11. BIRTHPLACE (City and State or Foreign Country) St. Louis County, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Henry Rott
13b. MOTHER'S MAIDEN NAME Christina Stolz
14. NAME OF HUSBAND OR WIFE Adolph Moehner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Adolph Moehner-R.R. 14 Affton 23, Mo. — ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Coronary Disease — INTERVAL BETWEEN ONSET AND DEATH: yrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Atypical pneumonia — 5 days
DUE TO (c) Asthma — 5 days

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 4201
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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-9-41, 19___, *to* 11-2-54, 19___, *that I last saw the deceased alive on* 11-2-54, 19___, *and that death occurred at* 5:15 AM *from the causes and on the date stated above.*

23a. SIGNATURE Elworth A. Westrup (Degree or title) M.D.
23b. ADDRESS 204 E. Big Bend
23c. DATE SIGNED 11-3-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 11/4/54
24c. NAME OF CEMETERY OR CREMATORY St. Lucas Cemetery
24d. LOCATION (City, town, or county) (State) Sappington, Missouri

DATE REC'D BY LOCAL REG. 11/4/54
REGISTRAR'S SIGNATURE Wechel R. Somberg
25. FUNERAL DIRECTOR'S SIGNATURE Meyer-Pfitzinger-331 S. Kirkwood Rd. — ADDRESS

(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 .....
Student Embalmer

Signed William H. Pfitzinger

Licensed Embalmer No. 4316

P. O. Address Kirkwood, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

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