

FILED JAN 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43007

State File No. _____
Registrar's No. 2859

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 545		Registrar's No. 2859			
1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i>				b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Maplewood</i>		c. LENGTH OF STAY (In this place) <i>3 Months</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Saint Louis</i>		2149			
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Maplewood Nursing Home, 2200 Bredell Avenue</i>				d. STREET ADDRESS (If rural, give location) <i>5352a Lansdowne Avenue, 9,</i>				1	
3. NAME OF DECEASED (Type or Print) a. (First) <i>ALVINA</i>			b. (Middle) <i>A.</i>		c. (Last) <i>MOELLER</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Dec. 10th, 1954</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>		8. DATE OF BIRTH <i>Jan. 1st, 1869</i>		9. AGE (In years last birthday) <i>85</i>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 MTH. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housework</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>Own Home</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>St. Louis, Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		
13a. FATHER'S NAME <i>George H. Otto</i>			13b. MOTHER'S MAIDEN NAME <i>Margaret Pahlmann</i>			14. NAME OF HUSBAND OR WIFE <i>Late William H. Moeller</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <i>None</i>		17. INFORMANT'S SIGNATURE OR NAME <i>William Moeller, 5845 Nottingham Ave., 9</i>		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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Myocarditis</i> <i>My post-stroke pneumonia</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>mitral insufficiency</i> DUE TO (c) <i>chr. Intestinal myopathy</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Senile changes. Cataract</i>						INTERVAL BETWEEN ONSET AND DEATH <i>2hr</i> <i>8yrs</i> <i>3yrs</i>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <i>Feb 18, 1952</i> , to <i>Dec 10, 1954</i> , that I last saw the deceased alive on <i>Dec 10, 1954</i> , and that death occurred at <i>9:00P</i> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <i>Walter C. Kirchner M.D.</i>				23b. ADDRESS <i>508 N. Grand Blvd.</i>		23c. DATE SIGNED <i>12/11/54</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>12/13/54</i>	24c. NAME OF CEMETERY OR CREMATORY <i>St. Peters Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis County, Missouri</i>				
DATE REC'D BY LOCAL REG. <i>12/11/54</i>		REGISTRAR'S SIGNATURE <i>Hebelet Sambamp</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>ALVIN F. FEUTZ</i>		ADDRESS <i>4828 Natural Bridge Blvd. FUNERAL HOME, INC., St. Louis, 15, Missouri</i>			

Room 811,
Hours 2:00PM to 4:00PM
(SATURDAY SURE)

File in County.

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 John A. Mlanar
Licensed Embalmer No. 4186

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