

FILED FEB 8 - 1955

STANDARD CERTIFICATE OF DEATH

State File No. 43860

318

1003

11699

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				b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis				c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sappington 4830			
d. FULL NAME OF HOSPITAL OR INSTITUTION St John's Hospital				d. STREET ADDRESS (If rural, give location) 830 Kemmerly Rd Sappington Mo					
3. NAME OF DECEASED (Type or Print) a. (First) William			b. (Middle) C.		c. (Last) Moydell		4. DATE OF DEATH (Month) (Day) (Year) Dec 21 1954		
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan 11 1889		9. AGE (In years last birthday) 65 # UNDER 1 YEAR Months # UNDER 1 YEAR Days # UNDER 1 YEAR Hours # UNDER 1 YEAR Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Funeral Director			10b. KIND OF BUSINESS OR INDUSTRY Undertaking			11. BIRTHPLACE (State or foreign country) Mexico Missouri 0		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME Frank J. Moydell			13b. MOTHER'S MAIDEN NAME Frances Bosek			14. NAME OF HUSBAND OR WIFE Cecelia			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Cecelia Moydell 830 Kemmerly Rd					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) <i>Asteria sclerotic heart dis</i>				INTERVAL BETWEEN ONSET AND DEATH 4 yrs.	
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. <i>None</i>					
19a. DATE OF OPERATION <i>None</i>		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>no</i>		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? <i>4200</i>					
22. I hereby certify that I attended the deceased from <i>Sept</i> , 19 <i>45</i> to <i>12-21</i> , 19 <i>54</i> that I last saw the deceased alive on <i>12-21</i> , 1954, and that death occurred at <i>10⁰⁰</i> m., from the causes and on the date stated above.									
23a. SIGNATURE <i>John J. Hainman M.D.</i>				(Degree or title)		23b. ADDRESS <i>634 N. Grand</i>		23c. DATE SIGNED <i>12/22/54</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>12/24/54</i>		24c. NAME OF CEMETERY OR CREMATORY <i>S S Peter & Paul</i>		24d. LOCATION (City, town, or county) (State) <i>St Louis Missouri</i>			
DATE REC'D BY LOCAL REG. <i>DEC 23 1954</i>		REGISTRAR'S SIGNATURE <i>Carl Smith M.D.</i>			25. FUNERAL DIRECTOR'S SIGNATURE <i>Moydell</i>		ADDRESS <i>Funeral Home 1926 Allen Av</i>		

(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 Reinhold K. Lehmann

Licensed Embalmer No. 3395

P. O. Address Hobart 4 W.

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

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