

FILED MAY 12 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14232

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 973

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY St. Clair	
b. CITY OR TOWN RICHMOND HEIGHTS		c. CITY OR TOWN Belleville	
c. LENGTH OF STAY (In this place) 2 days		d. RESIDENCE WITHIN LIMITS OF A CITY OR INCORPORATED TOWN? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary'S Hosp		e. STREET ADDRESS (If rural, give location) 1624 North Charles Str.	

3. NAME OF DECEASED (Type or Print) a. (First) Pamela b. (Middle) Ann c. (Last) Moeller			4. DATE OF DEATH (Month) (Day) (Year) April 27, 1955		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	
8. DATE OF BIRTH Feb 12, 1949		9. AGE (In years last birthday) 6 yrs		10. IF UNDER 1 YEAR Months Days 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) Illinois	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME William P. Moeller		13b. MOTHER'S MAIDEN NAME Helen V. Yunk.	
14. NAME OF HUSBAND OR WIFE none		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 George M. Palazzo Belleville, Ill		ADDRESS Belleville, Ill	
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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) Brain Tumor		INTERVAL BETWEEN ONSET AND DEATH	
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 4-27-55		19b. MAJOR FINDINGS OF OPERATION Brain Tumor		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		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 4-24, 1955, to 4-27, 1955, that I last saw the deceased alive on 4-27, 1955, and that death occurred at 10:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE Grant A. Palazzo MD		(Degree or title)		23b. ADDRESS 4161 Lindell Blvd, St. Louis 4-28-55	
23c. DATE SIGNED 4-28-55		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Apr 28 1955	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Belleville, Ill			

DATE REC'D BY LOCAL REG. 4/28/55		REGISTRAR'S SIGNATURE Herbert R. Domske, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Geo. Kessler Belleville, Ill	
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(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was  
by me, or by not embalmed....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING  
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.