

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2493

State File No.

BIRTH NO. FILED FEB 7 1956 REG. DIST. NO. 306 PRIMARY REG. DIST. NO. 6048 Registrar's No. 3

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

| | | | |
|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY Saint Charles | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Charles | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN O'Fallon | c. LENGTH OF STAY (In this place) 5 mo. | c. CITY OR TOWN Saint Charles | d. Is 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 Roeper Nursing Home | | e. STREET ADDRESS (If rural, give location) 306 McDonough | |

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|---|------------|-------------|-----------|---|
| 3. NAME OF DECEASED (Type or Print) Matilda Moerschel | a. (First) | b. (Middle) | c. (Last) | 4. DATE OF DEATH (Month) (Day) (Year) Jan, 26, 1956 |
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|---------------|------------------------|--|--------------------------------|------------------------------------|--------------------------|------------------------|-----------------------------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Jan. 18, 1873 | 9. AGE (In years last birthday) 83 | IF UNDER 1 YEAR Months 0 | IF UNDER 1 YEAR Days 8 | IF UNDER 24 HRS. Hours Min. |
|---------------|------------------------|--|--------------------------------|------------------------------------|--------------------------|------------------------|-----------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeper | 10b. KIND OF BUSINESS OR INDUSTRY OWN | 11. BIRTHPLACE (City and State or Foreign Country) Saint Charles, Mo. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Peter Arb. | 13b. MOTHER'S MAIDEN NAME Elizabeth Fister | 14. NAME OF HUSBAND OR WIFE Otto F. Moerschel |
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| 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 A. J. Moerschel, Saint Louis, Mo. |
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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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arterio sclerotic heart disease | | 5 yd. |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gen arterio sclerosis | | 10 yd. |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Disruptive heart disease | | | 10 yd. |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 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? |
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22. I hereby certify that I attended the deceased from 12-19-1956 to 1/26, 1956, that I last saw the deceased alive on 1-24-1956, and that death occurred at 8:45 P.M., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) [Signature] | 23b. ADDRESS ST. CHARLES, MO | 23c. DATE SIGNED January 30 1956 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Jan. 30, 1956 | 24c. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery | 24d. LOCATION (City, town, or county) (State) Saint Charles, Mo. |
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| DATE REC'D BY LOCAL REG. Feb 1-56 | REGISTRAR'S SIGNATURE E. A. Keithley 280 | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H.C. Dehner, St. Charles, Mo. |
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MAY 23 1957

VS MAY 24 1957

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 *Frank R. Amala*

Licensed Embalmer No. *480*

P. O. Address *St. Charles*

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.