

FILED APR 6 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **11172**
3062
Registrar's No.BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri 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 St Louis		d. STREET ADDRESS (If rural, give location) 4250a Olive St	
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Bros Hospital				d. STREET ADDRESS (If rural, give location) 19 4250a Olive St			
3. NAME OF DECEASED (Type or Print) a. (First) John		b. (Middle) G.A.		c. (Last) Moeller		4. DATE OF DEATH (Month) (Day) (Year) Mar 24 1956	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH Unknown	
9. AGE (In years last birthday) 70		10. MONTHS 70		11. BIRTHPLACE (City and State or Foreign Country) / Cincinnati Ohio		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Rice-Stix		11. BIRTHPLACE (City and State or Foreign Country) / Cincinnati Ohio		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John G.A. Moeller Sr		13b. MOTHER'S MAIDEN NAME Anna Loos		14. NAME OF HUSBAND OR WIFE Unavailable			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, specify unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 498-05-3642		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Leonard Moeller 5787 Kingsbury			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Thrombosis INTERVAL BETWEEN ONSET AND DEATH 15 min ANTECEDENT CAUSES DUE TO (b) General arteriosclerosis 5 yrs + Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) 2. 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 450.0				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) 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 March 14, 1956 , to March 24, 1956 , that I last saw the deceased alive on March 24, 1956 , and that death occurred at 8:45 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Gaspare Lecroqny MD				23b. ADDRESS 15501A St Louis Ave		23c. DATE SIGNED 3/24/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-26-56		24c. NAME OF CEMETERY OR CREMATORY St Paul		24d. LOCATION (City, town, or county) (State) Floraville Ill	
DATE REC'D BY LOCAL REG. MAR 26 1956		REGISTRAR'S SIGNATURE Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington			

(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

Joseph J. Gaines

Licensed Embalmer No. *4108*

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.