

FILED JUL 20 1956

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

25155

State File No.

318

1003

Registrar's No. 5841

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 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 OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION 6551 Smiley Ave.				STREET ADDRESS (If rural, give location) 6551 Smiley Ave.				
3. NAME OF DECEASED (Type or Print) Michael B. Moeller			4. DATE OF DEATH (Month) (Day) (Year) June 18 1956					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH July 4, 1868		
9. AGE (In years last birthday) 87		IF UNDER 1 YEAR Months 11 Days 14		IF UNDER 24 HRS. Hours 14 Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith			10b. KIND OF BUSINESS OR INDUSTRY Retired			11. BIRTHPLACE (City and State or Foreign Country) Schnellville, Ind.		
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME Bernard Moeller		13b. MOTHER'S MAIDEN NAME ?		14. NAME OF HUSBAND OR WIFE Elizabeth Kirsch Moeller	
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. 491-16-6366		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Marie E. Groebl 6551 Smiley Ave.				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis DUE TO (c) Chronic Lung Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 5 yrs 10 yrs 6 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 422.1					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 checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from Jan , 19 54 , to June 18 , 19 56 , that I last saw the deceased alive on 6/18/56 , and that death occurred at 2:30 P.M. , from the causes and on the date stated above.								
23a. SIGNATURE Marie E. Groebl				23b. ADDRESS 506 Olive St.		23c. DATE SIGNED 6/20/56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/21/56		24c. NAME OF CEMETERY OR CREMATORY St. Peter & Paul Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Mo.		
DATE REC'D BY LOCAL REG. JUN 20 1956		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE John H. Gebken Sons		ADDRESS 2630 Gravois Ave.		

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.....
Signature of Student Embalmer

Signed *Robert J. Gibken*

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois Av.

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.