

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40178**

FILED NOV 26 1956

BIRTH NO. _____		REG. DIST. NO. 312		PRIMARY REG. DIST. NO. 500		Registrar's No. 2201	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Manchester		c. LENGTH OF STAY (In this place) 6 yrs		c. CITY OR TOWN Creve Coeur		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 Manchester Nuring Home				e. STREET ADDRESS (If rural, give location) Craig Road			
3. NAME OF DECEASED (Type or Print) a. (First) Pauline			b. (Middle) Hilton		c. (Last) _____		
4. DATE OF DEATH (Month) (Day) (Year) Nov. 13, 1956		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDDED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH June 24, 1892		9. AGE (In years last birthday) 64		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Creve Coeur, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME George J. Moeller		13b. MOTHER'S MAIDEN NAME Louise Winkler		14. NAME OF HUSBAND OR WIFE Homer Dcd.			
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. 498-09-6511		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Homer G. Hilton Belle, Mo. Box 297			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CHRONIC MYOCARDITIS ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIOSCLEROSIS DUE TO (c) SENILITY II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NONE				INTERVAL BETWEEN ONSET AND DEATH ? ?	
19a. DATE OF OPERATION NONE		19b. MAJOR FINDINGS OF OPERATION 4221				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE		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 SEPT 1, 1956 , to Nov. 13, 1956 , that I last saw the deceased alive on Nov. 13, 1956 , and that death occurred at 7:30 A. m. , from the causes and on the date stated above.							
23a. SIGNATURE B. R. Loving M.D.				23b. ADDRESS BALLWIN, Mo.		23c. DATE SIGNED 11-14-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-15-1956		24c. NAME OF CEMETERY OR CREMATORY St. Pauls Ev. Cemetery		24d. LOCATION (City, town, or county) (State) Ojivette, Mo.	
DATE REC'D BY LOCAL REG. 11-14-56		REGISTRAR'S SIGNATURE Herbert B. Double MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Baumann Bros. Inc. 2504-Woodson Rd-Overland, Mo.			

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..... *David C. Giles*

Licensed Embalmer No. *34*

P. O. Address *Overland*

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.