

FILED NOV 21 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42368**
Registrar's No. **10859**

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. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1104 E. Obear Avenue		e. STREET ADDRESS (If rural, give location) 1104 E. Obear Avenue	
3. NAME OF DECEASED (Type or Print) a. (First) LOUIS b. (Middle) E. c. (Last) MOELLER		4. DATE OF DEATH (Month) (Day) (Year) Nov. 12, 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 14, 1879
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Street car Operator		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Missouri
13a. FATHER'S NAME Frédéric Moeller		13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Julia A. Moeller, deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 494-01-0250	17. INFORMANT'S SIGNATURE OR NAME Geo. Willenburg, 3818 Oakridge
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) Acute pulmonary edema result of Heart failure due to Coronary occlusion and Arteriosclerotic Heart disease ANTECEDENT CAUSES (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Heart disease II. OTHER SIGNIFICANT CONDITIONS Papilloma of Bladder Feb 56 Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Papilloma of Bladder Apr 56 Dr. H. W. Carter	
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) 420.01.
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 7-21-1945 , to 11-12-1957 , that I last saw the deceased alive on Nov 12, 1957 , and that death occurred at 4 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Norman B. Miller MD		23b. ADDRESS 4960 Laclede	23c. DATE SIGNED Nov. 15, 57
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov 15, 1957	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
DATE REC'D BY LOCAL REG. NOV 14 57		REGISTRAR'S SIGNATURE J. Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE Stock Mortuary, 2117 E. Grand Blvd.

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

Dr Norman Miller

3924 Park Ave

7⁵⁰ L "

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..... *Paul A. Wachtel*

Licensed Embalmer No. *14787*

P. O. Address *Honolulu*

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.