

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-015443
STATE FILE NUMBER
2 3280

11 APR 20 1959 Registration District No. _____ Primary Registration District 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, give TOWNSHIP only) OR TOWN St. Louis | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN St. Louis |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3637a Chippewa St. | | Length of stay in lb 18 yrs | d. STREET ADDRESS (If outside, give location) 3637a Chippewa St. |
| 3. NAME OF DECEASED (Type or print) First Middle Last The Rev. GEORGE MOELLER | | | 4. DATE OF DEATH Month Day Year March 31, 1959 |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Aug 18, 1867 |
| 9. AGE (In years last birthday) 91 | | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired Lutheran minister | | 10b. KIND OF BUSINESS OR INDUSTRY Luth. Church | 11. BIRTHPLACE (City and state or country) Rock Island, Illinois |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME J. Fred Moeller | |
| 13b. MOTHER'S MAIDEN NAME Augusta Phathauer | | 14. NAME OF HUSBAND OR WIFE Pauline Stein | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) no | | 16. SOCIAL SECURITY NO. none | 17. INFORMANT Address Herbert F. Moeller, 3637a Chippewa Street |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic C.V.D. | | | INTERVAL BETWEEN ONSET AND DEATH 10 yrs |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. DUE TO (b) _____ DUE TO (c) _____ | | | 442X |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) TUMOR OF STOMACH Polypoid | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |
| 21. I attended the deceased from Death occurred at 8-24-49 to 3-31-59 and last saw her alive on 3-31-59 2:30 p. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <i>Loar Smith M.D.</i> | | 22b. ADDRESS 2838 S. Grand | 22c. DATE SIGNED 4/1/59 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) removal | 23b. DATE Apr. 3, 1959 | 23c. NAME OF CEMETERY OR CREMATORY St. Trinity Cemetery | 23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri |
| 24. FUNERAL DIRECTOR ADDRESS BEIDERWIEDEN F.H. INC. 1936 St. Louis Ave | | 25. DATE RECD. BY LOCAL REG. APR 2 '59 | 26. REGISTRAR'S SIGNATURE <i>Loar Smith M.D.</i> |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

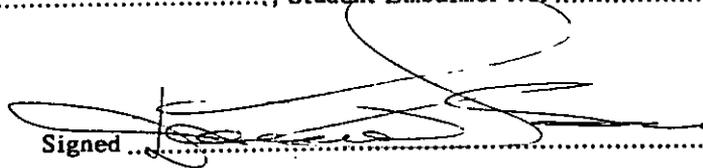
218B

Dr. Elmer G. Grauk
2838 So. Grand
2-4 Wed.

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


Licensed Embalmer No. 452
P. O. Address St. Louis

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.