URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS OCT 8 1959

59-034814

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2452

ENDED

1. PLACE OF DEATH
a. COUNTY: Saint Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Ladue — Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 9800 Old Warson Road — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY:
c. CITY OR TOWN: Saint Louis — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 6108 West Park Avenue — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First GILBERT Middle CARL Last MOELLER

4. DATE OF DEATH: Month 9 Day 12 Year 1959

5. SEX: M
6. COLOR OR RACE: W
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH: 7-15-'17
9. AGE (last birthday): 42 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: Structural Steel
11. BIRTHPLACE (City and state or country): Peoria, Illinois
12. CITIZEN OF WHAT COUNTRY: U S A

13a. FATHER'S NAME: Charles Moeller
13b. MOTHER'S MAIDEN NAME: Ida Kruengel
14. NAME OF HUSBAND OR WIFE: Helen Alexander Moeller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Miss Sharon Moeller — Address: 6108 West Park Avenue

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Owing to disintegration a definite cause of death could not be determined
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ Open Verdict
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Badly decomposed body of subject found in heavily shrubbed area on grounds of deserted country club
20c. TIME OF INJURY: Hour 6:15 ~~a.m.~~ p.m. Month, Day, Year 9/12/59 — 35
body found
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): see above
20f. CITY, TOWN, OR LOCATION: Ladue — COUNTY: St. Louis — STATE: Missouri

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Raymond Harker Coroner
22b. ADDRESS: Clayton, Mo.
22c. DATE SIGNED: 9/22/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9-15-59
23c. NAME OF CEMETERY OR CREMATORY: Our Redeemer Cemetery
23d. LOCATION (City, town, or county) (State): Saint Louis County, Missouri

24. FUNERAL DIRECTOR: Beiderwieden F.H.Inc. — ADDRESS: 1936 St.Louis Ave
25. DATE RECD. BY LOCAL REG.: 9-14-59
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by Not Embalmed, Student Embalmer No.

working under my personal supervision.

Student _____ Signed Norman W Goehler

Signature of Student Embalmer

Licensed Embalmer No. Funeral Directo

P. O. Address 3620 Chipp

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.