URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-042266

STATE FILE NUMBER

FILED VS NOV 20 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 210259

AMENDED

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Homer G. Phillips Hosp.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY
c. CITY OR TOWN: St. Louis
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 5000a Emmerson
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Mildred Middle: F. Last: Moeller
4. DATE OF DEATH: Month: Nov. Day: 5 Year: 1959
5. SEX: female
6. COLOR OR RACE: white
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1/28/18
9. AGE (last birthday): 41
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): Cashier
10b. KIND OF BUSINESS OR INDUSTRY: Chemical Co.
11. BIRTHPLACE (City and state or country): St. Louis Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Ferdinand Moeller
13b. MOTHER'S MAIDEN NAME: Frieda Sperber
14. NAME OF HUSBAND OR WIFE:
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.: 498 10 6245
17. INFORMANT: Frieda Moeller Address: 5000a Emmerson Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Hemorrhage caused by stab wounds the chest in the posterior wall.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 982X
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) Stabbed by unknown assailant
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 ☒
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Vicinity of 5267 Emerson Ave
20c. TIME OF INJURY Hour 1020 a.m. p.m. Month, Day, Year 11 5 59 about 1020 p.m., December 5 1959.
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.) Street
20f. CITY, TOWN, OR LOCATION St Louis COUNTY STATE Mo
21. I attended the deceased from _____ and last saw her/him alive on _____
Death occurred at 1050 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title) Patrick J. Taylor Coroner
22b. ADDRESS 1300 Clark
22c. DATE SIGNED 11.9.59
23a. BURIAL, CREMATION, REMOVAL (Specify): removal
23b. DATE: 11/9/59
23c. NAME OF CEMETERY OR CREMATORY: New Bethlehem Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis County Mo.
24. FUNERAL DIRECTOR ADDRESS: Buchholz Mortuary 5967 W. Florissant
25. DATE RECD. BY LOCAL REG.: NOV 9 1959
26. REGISTRAR'S SIGNATURE: Noel Smith, M.D. M.E.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 458 T

P. O. Address St Louis

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