RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-008633

STATE FILE NUMBER

FILED VS MAR 14 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 2315

DED

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: 3 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Bethesda Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: Maplewood
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 3368 Oxford Ave.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: IVA Middle: NMI Last: MOLLER
4. DATE OF DEATH: Month: February Day: 26 Year: 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 12-31-82
9. AGE (last birthday): 77
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): Ret. Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (City and state or country): Collinsville, Ill.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Isaac Lindsay
13b. MOTHER'S MAIDEN NAME: Unknown Weissenberger
14. NAME OF HUSBAND OR WIFE: Roy E. Moller
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.: None
17. INFORMANT: Mabel Levis, Address: above

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): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 24 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Disease
DUE TO (c): 420.0
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 ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Feb 23 1960 to Feb 26 1960 and last saw her/him alive on Feb 25 1960
Death occurred at 12:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Vincent F Townsend (Degree or title) M.D.
22b. ADDRESS: 3101a Sutton Ave. Maplewood 17 Mo.
22c. DATE SIGNED: 2-27-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2-29-60
23c. NAME OF CEMETERY OR CREMATORY: Lakewood Park Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis Co., Mo.

24. FUNERAL DIRECTOR ADDRESS: JAY B. SMITH, Maplewood, Mo.
25. DATE RECD. BY LOCAL REG.: FEB 29 1960
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

SEP 27 1960

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed J. Allen Davis Jr.
Signature of Student Embalmer

Licensed Embalmer No. 405

P. O. Address LA. S

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