

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-017738

FILED VS. MAY 12 1960

INDEXED

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 1383 STATE FILE NUMBER

| | | | |
|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE Mo. b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights | | Length of stay in 1b 26 days | c. CITY OR TOWN St. Louis |
| c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 5845 Nottingham |
| 3. NAME OF DECEASED (Type or print) Hazel A. Moeller | | 4. DATE OF DEATH Month 4 Day 25 Year 60 | |

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|--|----------------------------------|---|---|--|--|------------------------------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 7/17/94 | 9. AGE (last birthday) 65 | 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) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (City and state or country) Washington Courthouse Ohio | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME William C. Jones | | 13b. MOTHER'S MAIDEN NAME unknown | | 14. NAME OF HUSBAND OR WIFE William Moeller, Sr. | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. none | 17. INFORMANT Address Wm. Moeller, Sr., 5845 Nottingham | | | |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Infarction | | INTERVAL BETWEEN ONSET AND DEATH April 25, 1960 June 10, 1958 June 10, 1958 |
| DUE TO (b) Arteriosclerotic Heart Disease | | |
| DUE TO (c) Coronary occlusion (arteriosclerotic) | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I Territorial Broncho-pneumonia | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |

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| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 s.m. p.m. | | |

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| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 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 June 10, 1958 to April 25, 1960 and last saw her live on April 24, 1960 Death occurred at 12:55 a.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | |

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| 22a. SIGNATURE (Degree or title) Helen Moore, M.D. | 22b. ADDRESS 6376 Clayton Road, St. Louis 17 | 22c. DATE SIGNED 2/26/60 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | 23b. DATE 4/27/60 | 23c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery |
| 24. FUNERAL DIRECTOR Drehmann-Harral | | 24. ADDRESS 1905 Union |

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| 25. DATE RECD. BY LOCAL REG. 4-27-60 | 26. REGISTRAR'S SIGNATURE J. C. Murphy, M.D. |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Hrs. 2:30-5 Mon. & Tues.

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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Albert R. Thompson

Licensed Embalmer No. 4237

P. O. Address St. Louis

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

DEPT. OF HEALTH - STANDARD CERTIFICATE OF DEATH

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| c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (if outside, give location) 5845 Nottingham | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |
| 3. NAME OF DECEASED (Type or print) First Hazel Middle A. Last Moeller | | | 4. DATE OF DEATH Month 4 Day 25 Year 60 | | | | | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH 7/17/94 | 9. AGE (last birthday) 65 | IF UNDER 1 YEAR Months Days Hours Min. | | IF UNDER 24 HR. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | | 10b. KIND OF BUSINESS OR INDUSTRY Home | | 11. BIRTHPLACE (City and state or country) Washington Courthouse Ohio | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | | |
| 13a. FATHER'S NAME William C. Jones | | | 13b. MOTHER'S MAIDEN NAME UNKNOWN Florence Ann Reynolds | | 14. NAME OF HUSBAND OR WIFE William Moeller, Sr. | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | | 16. SOCIAL SECURITY NO. none | | 17. INFORMANT Address Wm. Moeller, Sr., 5845 Nottingham | | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Infarction | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH April 23, 1960 | |
| DUE TO (b) Arteriosclerotic Heart Disease | | | | | | | | June 10, 1958 | |
| DUE TO (c) Coronary occlusion (arteriosclerotic?) | | | | | | | | June 10, 1958 | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I Tubercular Broncho-pneumonia | | | | | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 12:55 P.M. | Month, Day, Year June 10, 1958 | | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION St. Louis | | COUNTY St. Louis County | | STATE Mo. | |
| 21. I attended the deceased from June 10, 1958 to April 25, 1960 and last saw her alive on April 24, 1960 . Death occurred at 12:55 P.M. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | | |
| 22a. SIGNATURE (Degree or title) Helen Moore Hill | | | | 22b. ADDRESS 6376 Clayton Road, St. Louis 17 | | | | 22c. DATE SIGNED 2/26/60 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 23b. DATE 4/27/60 | 23c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery | | 23d. LOCATION (City, town, or county) (State) St. Louis County Mo. | | | | |
| 24. FUNERAL DIRECTOR ADDRESS Drehmann-Harral 1905 Union | | | 25. DATE RECD. BY LOCAL REG. 4-27-60 | | 26. REGISTRAR'S SIGNATURE <i>[Signature]</i> | | | | |

Item #13 amended by affidavit of funeral home 11-5-86 BY AFFIDAVIT OF

MEDICAL CERTIFICATION

