RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS DEC 7 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11386

-60-043969
STATE FILE NUMBER

DED

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY St.Louis

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St.Louis,Mo. Bernard Nursing Home — Length of stay in 1b

c. CITY OR TOWN Clayton — Inside Limits Yes ☐ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 4385 Maryland — Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) 63 Broadview Drive — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First EDNA Middle BENTE Last MOELLMAN.

4. DATE OF DEATH Month Nov. Day 25, Year 1960

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 10/2/1889

9. AGE (last birthday) 71 — 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) at home

10b. KIND OF BUSINESS OR INDUSTRY at home

11. BIRTHPLACE (City and state or country) St.Louis, Missouri

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Henry Bente

13b. MOTHER'S MAIDEN NAME Emma Gersie.

14. NAME OF HUSBAND OR WIFE William Henry Moellman.

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 Address Mrs. Wilbur F. Moore.Ladue, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY: Pyrexia, septicemia; suspected diabetes mellitus

IMMEDIATE CAUSE (a) PYREXIA, SEPTICEMIA, SUSPECTED diabetes mellitus — INTERVAL BETWEEN ONSET AND DEATH 24 hr. SEVERAL YEARS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

~~DUE TO~~ (b) cerebral vascular accident

~~DUE TO~~ (c) CEREBRO VASCULAR ACCIDENT — 2 mo

O.K. Joseph Sanders Dyer 9-60

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 260 x

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 11/24/60, to 11/25/60 and last saw her/him alive on 11/25/60

Death occurred at 5:50 P.M. 6:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. E. Magee (Degree or title) M.D. W. E. Magee, M.D.

22b. ADDRESS 52 maryland Plaza 52 Maryland Plaza

22c. DATE SIGNED 11/25/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 11-28-1960

23c. NAME OF CEMETERY OR CREMATORY Concordia Cemetery

23d. LOCATION (City, town, or county) (State) St.Louis, Mo.

24. FUNERAL DIRECTOR ADDRESS C.R.Lupton & Sons; 7233 Delmar Blvd

25. DATE RECD. BY LOCAL REG. NOV 28 1960

26. REGISTRAR'S SIGNATURE Carl Smith, M.D.

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

City Vise

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_____ Signed Arnold W. Schoe

Signature of Student Embalmer

Licensed Embalmer No. 3864

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.