

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-015976
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1161

AMENDED

FILED MAY 8 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY Saint Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY ST LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Normandy		Length of stay in 1b 6 days	c. CITY OR TOWN Florissant Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Normandy Osteopathic Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Box 580, Howdershell Rd. Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Gertrude Cecelia Moellering			4. DATE OF DEATH Month Day Year Apr. 23, 1961
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 11-9-1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY ---	9. AGE (last birthday) 71 IF UNDER 1 YEAR Months Days Hours Min.
11. BIRTHPLACE (City and state or country) Florissant, Missouri		12. CITIZEN OF WHAT COUNTRY U S A	
13a. FATHER'S NAME Theodore Keeven		13b. MOTHER'S MAIDEN NAME Mary Gittemeier	14. NAME OF HUSBAND OR WIFE George Moellering
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 Geo. Moellering, Florissant, Mo. Address Box 580
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary embolism DUE TO (b) Arterial atherosclerosis. DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)			INTERVAL BETWEEN ONSET AND DEATH 10 min.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cholecystectomy			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 type="checkbox"/> NO <input checked="" 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 a.m. p.m.			
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 4-22-61 , to 4-23-61 and last saw her/him alive on 4-23-61 Death occurred at 6:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE R. Brown (Degree or title) DD		22b. ADDRESS 7824 Natural Bridge	22c. DATE SIGNED 4-24-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-26-1961	23c. NAME OF CEMETERY OR CREMATORY Sacred Heart	23d. LOCATION (City, town, or county) (State) Florissant, Mo.
24. FUNERAL DIRECTOR The Florissant Mortuary, Florissant, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 4-25-61	26. REGISTRAR'S SIGNATURE John C. Murphy

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Bene A. Hutchens

Licensed Embalmer No. 4966

P. O. Address Houssaint, Mo

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