

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

XC 1558953 **318**

SL 25 **1003**

4966-61-019279
STATE FILE NUMBER

FILED JUN 8 1961

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

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

| | | | | | |
|--|---|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO. | | Length of stay in 1b 40 years | c. CITY OR TOWN ST. LOUIS | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VAH, ST. LOUIS, MO. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 3826 N 23 ST. | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last AMIEL D MOECKEL | | | 4. DATE OF DEATH Month Day Year 5/25/61 | | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 5/5/91 | 9. AGE (last birthday) 70 | IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WATCHMAN | | 10b. KIND OF BUSINESS OR INDUSTRY --- | 11. BIRTHPLACE (City and state or country) DAVENFORT, IOWA | | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
| 13a. FATHER'S NAME WILLIAM MOECKEL | | 13b. MOTHER'S MAIDEN NAME SCHUELLER (FIRST NAME UNK) | | 14. NAME OF HUSBAND OR WIFE --- | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW #1 | | | 17. INFORMANT Address LORRAINE PAVIA SEE # 2 | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) CERBRAL VASCULAR ACCIDENT CEREBRAL THROMBOSIS | | | | | 50 DAYS |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CEREBRAL ARTERIOSCLEROSIS | | | | | 50 DAYS |
| DUE TO (c) _____ 332X | | | | | |
| 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. <input type="checkbox"/> Yes <input 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 a.m. p.m. Month, Day, Year | | | | | |
| 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 |
| I. Attended the deceased from 4/12/61 to 5/25/61 and last saw him her live on 5/25/61 Death occurred at 6:45 P. M. m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) S. H. GANSBURG M.D. | | | 22b. ADDRESS VAH, ST. LOUIS, MO. | | 22c. DATE SIGNED 5/25/61 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 5/29/1961 | 23c. NAME OF CEMETERY OR CREMATORY National Cemetery | | 23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo | |
| 24. FUNERAL DIRECTOR ADDRESS Suedmeyer & Sons 3934 N. 20th St. | | | 25. DATE RECD. BY LOCAL REG. MAY 26 1961 | 26. REGISTRAR'S SIGNATURE Karl Smith, M.D. | |

