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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED SEP 5 1940  
MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 29616

Registration District No. 784

Primary Registration District No. 106

Registrar's No. 1540

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Kirkwood  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
310 S Filmore Ave. 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. (Specify whether  
In this community \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Kirkwood  
(If outside city or town limits, write "RURAL")  
(d) Street No. 310 S Filmore Ave  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME E. Edward Moeller 1160  
3. (b) If veteran, name war No 3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 12  
year 1940 hour 4 minute 15 M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Louise Moeller 6. (c) Age of husband or wife if alive 68 years  
7. Birth date of deceased March 14 1871  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Face of, 1936, to Aug 12, 1940;  
that I last saw him alive on Aug 12, 1940;  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
69 4 28 hr. min.

Immediate cause of death Culmonary Edema  
from Myocarditis Endocarditis  
from Nephritis, Chronic Cystitis  
from Bronchitis, Arteriosclerosis  
Atherosclerosis, Arterial Sclerosis  
Due to various lesions of  
lower extremities

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death)

10. Usual occupation Retired

11. Industry or business Ice & Fuel Dealer

MOTHER FATHER { 12. Name Fredrick Moeller 6  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

Major findings: Of operations 131  
Of autopsy \_\_\_\_\_

16. (a) Informant Carl W. Moeller  
(b) Address 616 So Filmore

17. (a) Burial (b) Date thereof 8-15-40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Peters Cemetery

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

18. (a) Signature of funeral director Louis H. Kopp Inc  
(b) Address 131 W Argonne Dr Kirkwood Mo  
19. (a) Aug 13 1940 (b) R. Kuhlmann  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_  
23. Signature R. Kuhlmann (M. D. or other) \_\_\_\_\_  
\*Address 16 E. Gore N. St. Louis Mo Date signed 8/13/40

(KUHLMANN)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 27 1942

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

*Me Louis H Popp*

Registered Apprentice No.

working under my personal supervision.

Signed

*Louis H Popp*

Licensed Embalmer No.

*921*

P. O. Address

*Kirtwood, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.