S. No. 2
I—1/47
. 5-17-39

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

#32709

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 6 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 39989

Registrar's No. 10839

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital 0
(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 Mo (b) County 00-0

(c) City or town St Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1111a N. 13th str. 9
(If rural, give location)

(e) Citizen of foreign country? 25 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME DELMAR MOECKLI

3. (b) If veteran, name war

3. (c) Social Security No. ----------

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced

6. (b). Name of husband or wife

6. (c) Age of husband or wife if alive S years

7. Birth date of deceased Feb (Month) 8 (Day) 1905 (Year)

8. AGE: Years 42 Months 9 Days 16 If less than one day hr. min.

9. Birthplace Bland Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation ----- -

11. Industry or business

FATHER
12. Name Robert Moeckli 0
13. Birthplace Swiss Mo.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Chloe Roberson
15. Birthplace Drake Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant Homer C Moeckli
(b) Address 1111a N 13th str

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/26/47 (Month) (Day) (Year)
(c) Place: burial or cremation Bland, Mo

18. (a) Signature of funeral director Central Und. Co
(b) Address 1841 Cass ave

19. (a) NOV 26 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 24th year 1947 hour 7 minute 00 P M.

21. I hereby certify that I attended the deceased from 11/24/47, 19, to Nov. 24th 1947; that I last saw him alive on Nov. 24th 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation

Due to Mitral Stenosis + aortic stenosis

Due to Rheumatic heart disease

Other conditions Old right hemiplegia
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Cardiomegally - aortic stenosis - mitral stenosis -

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature John W. Korkler, M.D. (M.D. or other)

Address 1515 Lafayette Date signed 11/25/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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_____ Registered Apprentice No._____, working under my personal supervision.

Signed John S. Dennehy

Licensed Embalmer No. 4194

P. O. Address_____

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 this body is not embalmed, fact should be so stated above.