No. 2
1/47
17-39

#69936

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 16 1948 318
Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 2865
Registrar's No. 118

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 7029 Southerland Ave. (If rural, give location) 7
Memorial 3
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME WILLIAM MOERSCH
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Lena Moersch
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. (Month) 17th (Day) 1861 (Year)

8. AGE: Years	Months	Days	If less than one day
85	0	18	hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Stationary engineer
11. Industry or business
FATHER
12. Name Paul Moersch
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Magdaline Fresh
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant John W. Hunt
(b) Address 7029 Southerland Ave.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1-8-48 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery
18. (a) Signature of funeral director J. B. Smith
(b) Address 7456 Manchester
19. (a) JAN 6 1948 (Date received local registrar) (b) J. F. Breeden (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 5th year 1948 hour 4 minute 10 P.M.
21. I hereby certify that I attended the deceased from 12/30/47, 19..., to Jan 5th 1948; that I last saw him alive on Jan 5th 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Edema	
Due to	
Due to: Arteriosclerotic Heart Disease	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 J. Lowry Brown, M.D. (M.D. or other)
Address 1515 Lafayette Date signed 1/6/48

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 H P Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.