

FILED OCT 15 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33758**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9147**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY 2157 c. CITY (If outside corporate limits, write RURAL and give township) St. Louis d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Conv. Home				c. LENGTH OF STAY (In this place) 6 yrs. e. CITY (If outside corporate limits, write RURAL and give township) St. Louis d. STREET ADDRESS (If rural, give location) 15 4359 Taft												
3. NAME OF DECEASED (Type or Print) a. (First) Minnie b. (Middle) c. (Last) Moermann			4. DATE OF DEATH (Month) (Day) (Year) 29 20 53			5. SEX F / W		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW 2		8. DATE OF BIRTH 12/4/1860		9. AGE (In years last birthday) 92		10. IF UNDER 1 YEAR Months Days Hours Min.		11. IF UNDER 100 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY At Home				11. BIRTHPLACE (City and State or Foreign Country) St. Louis 0				12. CITIZEN OF WHAT COUNTRY? USA							
13a. FATHER'S NAME William Stienbruegge				13b. MOTHER'S MAIDEN NAME Charlotte Remmert				14. NAME OF HUSBAND OR WIFE Frank Moormann (deceased)											
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. none				17. INFORMANT'S SIGNATURE OR NAME Ed Stienbruegge				ADDRESS 3988 Roland Norman							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Swomanal Bronchopneumonia</i> INTERVAL BETWEEN ONSET AND DEATH <i>7 d</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>long period of apoplexy 1 yr</i> DUE TO (c) <i>arterio sclerosis</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.																
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>								
21a. ACCIDENT SUICIDE HOMICIDE (Specify)			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)												
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR? 334X												
22. I hereby certify that I attended the deceased from <i>June, 1953</i> , to <i>Sept 22, 1953</i> that I last saw the deceased alive on <i>Sept 19, 53</i> and that death occurred at <i>2 A</i> m., from the causes and on the date stated above.																			
23a. SIGNATURE <i>Ed Stienbruegge</i>						23b. ADDRESS <i>4724 S. Travers</i>						23c. DATE SIGNED <i>9/24/53</i>							
24a. BURIAL, CREMATION, REMOVAL (Specify) removal			24b. DATE <i>Sept 22 53</i>			24c. NAME OF CEMETERY OR CREMATORY <i>St. Peters</i>			24d. LOCATION (City, town, or county) (State) <i>St. Louis Co. Mo</i>										
DATE REC'D BY LOCAL REG. <i>SEP 22 1953</i>			REGISTRAR'S SIGNATURE <i>J. Earl Smith, MD</i>				25. FUNERAL DIRECTOR'S SIGNATURE <i>Schumacher Und. Co</i>				ADDRESS <i>3013 Meramec</i>								

S.P. (Licensed Embalmer's Statement on Reverse Side)

Mr Rowling
4724 Gravois
HU. 1056

6 P.M.

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
Student Embalmer

Signed

Jack Haupt

Licensed Embalmer No. 4746

P. O. Address St Louis

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

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