

FILED JAN 25 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3185**  
Registrar's No. **35**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Clayton</b>		c. LENGTH OF STAY (In this place) <b>1 day</b>	c. CITY OR TOWN <b>Kirkwood</b> <b>4773</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis County Hospital</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <b>322 Chicago Ave.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Charles</b> b. (Middle) <b>B.</b> c. (Last) <b>Moller</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>1 3 56</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 14, 1897</b>
9. AGE (In years last birthday) <b>58</b>	IF UNDER 1 YEAR Months <b>6</b> Days <b>19</b>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>Self Employed</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Grocery Store</b>
11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Chas. F. Moller</b>	13b. MOTHER'S MAIDEN NAME <b>Nancy Dunn</b>	14. NAME OF HUSBAND OR WIFE <b>Inous Moller</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Inous Moller</b> ADDRESS <b>322 Chicago Ave, Kirkwood</b>

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Subarachnoid hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>8 hours</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) <b>arteriosclerotic cardiovascular disease</b>		<b>chronic</b>
	DUE TO (c)		
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 checked="" 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?

22. I hereby certify that I attended the deceased from 1-3, 1956, to 1-3, 1956, that I last saw the deceased alive on 1-3, 1956, and that death occurred at 11:45 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>F. Romney, M.D.</b>	23b. ADDRESS <b>601 So. Brentwood</b>	23c. DATE SIGNED <b>1/4/56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6/6/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>
		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>

DATE REC'D BY LOCAL REG. <b>1-5-56</b>	REGISTRAR'S SIGNATURE <b>Robert B. Rombert</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Louis H. Poff, Inc.</b> ADDRESS <b>Kirkwood</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

**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.....  
Signature of Student Embalmer

Signed..... *Felix Huemel* .....

Licensed Embalmer No. *9034*

P. O. Address *Ridgewood*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.