

No. 300  
10748

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19077

State File No. 4707

FILED JUN 7 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>University City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>2 days</u>		e. STREET ADDRESS (If rural, give location) <u>6308 Cates</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jewish Hosp.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ROBERT</u>	b. (Middle)	c. (Last) <u>MOLLER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 17, 1957</u>
-------------------------------------	--------------------------	-------------	-------------------------	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Marr.</u>	8. DATE OF BIRTH <u>Sept. 25, 1924</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours	IF UNDER 15 MIN. Min.
--------------------	-------------------------------	---	--	---	------------------------	-----------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpentry</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Cabinet Maker</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>USSR</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	--	--	---

13a. FATHER'S NAME <u>Mendel Moller</u>	13b. MOTHER'S MAIDEN NAME <u>Eva (unk)</u>	14. NAME OF HUSBAND OR WIFE <u>Nellie</u>
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>493-07-6330</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Nellie Moller</u>	ADDRESS <u>6808 Cates</u>
---	---	--	---------------------------

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>UREMIA</u>		<u>1 WEEK</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ACUTE PYELONEPHRITIS</u> DUE TO (c)		<u>1 WEEK</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>ARTERIO SCLEROTIC HEART DISEASE</u>		<u>YEARS</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>600.0</u>	20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" 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) m.	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 MAY, 1957, to 17 MAY, 1957, that I last saw the deceased alive on 17 MAY, 1957, and that death occurred at 2:35 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert J. Korah M.D.</u>	(Degree or title)	23b. ADDRESS <u>Jewish Hosp., St. Louis</u>	23c. DATE SIGNED <u>5/17/57</u>
--	-------------------	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Rem.</u>	24b. DATE <u>5/19/57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Chevre Kadisha</u>	24d. LOCATION (City, town, or county) (State) <u>University City, Mo.</u>
---	--------------------------	--	---

DATE REC'D BY LOCAL REG. <u>MAY 20 1957</u>	REGISTRAR'S SIGNATURE <u>Charles Smith M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Berger Memorial</u>	ADDRESS <u>4715 McPherson</u>
---	---	---	-------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

St. Louis

Mo.

x

University City

3 days

St. Louis

6308 Gates

Jewish Hosp.

May 17, 1927

75

Sept. 25, 1924

Mar.

White

Male

USA

USSR

Cabinet maker

Carpentry

Nellie

(Mrs)

Mengel Moller

493-07-0330 Nellie Moller 6308 Gates

Mo

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 *Quis Q. Quis*

Licensed Embalmer No. 4227

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

Berger Memorial 475 McPerson