

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035038
STATE FILE NUMBER

FILED OCT 14 1958 Registration District No. 317 Primary Registration District No. 548 Registrar's No. 2588

300
1-57

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Webster Groves TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY WEBSTER GROVES OR St. Louis TOWN
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR 916 Tuxedo Blvd. INSTITUTION		Length of stay in 1b YRS	d. STREET (If outside, give location) ADDRESS 916 Tuxedo Blvd.

3. NAME OF DECEASED (Type or print) Alois J. Moerschel			4. DATE OF DEATH Month Day Year 10-7-1958			
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH August 7, 1897 Oct. 7, 1958	9. AGE (In years from birthday) 61	IF UNDER 1 YEAR Months 2 Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accountant	10b. KIND OF BUSINESS OR INDUSTRY Aircraft Ind.	11. BIRTHPLACE (City and state or country) St. Charles Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Otto Moerschel	13b. MOTHER'S MAIDEN NAME Matilda Arb	14. NAME OF HUSBAND OR WIFE Marie Lawler Moerschel
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes World War I	16. SOCIAL SECURITY NO. 500-16-9450	17. INFORMANT Marie Lawler Moerschel	Address 916 Tuxedo
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary - Infarction		INTERVAL BETWEEN ONSET AND DEATH few hours.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerosis	
	DUE TO (c) 4/201	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from 4/1/58 to 10/7/58 and last saw ^{her} him alive on 8/27/58 Death occurred at 7:55 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE O.K. Omin M.D.	(Degree or title)	22b. ADDRESS 300 ^a W. Main St. Under Mo.	22c. DATE SIGNED 10/8/58
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23a. BURIAL, CREMATION, or other disposition Removal	23b. DATE Oct. 10, 1958	23c. NAME OF CEMETERY OR CREMATORY St. Chas. Borromeo	23d. LOCATION (City, town, or county) (State) St. Charles Mo.
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24. FUNERAL DIRECTOR Thomas J. Finan 1519 S. Grand	25. DATE RECD. BY LOCAL REG. 10-9-58	26. REGISTRAR'S SIGNATURE Herbert R. Donker M.D.
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Connected by affidavit 10/10/58

Every coroner, etc., whose name only appears on this certificate is presumed to be a duly qualified coroner. No symptoms will be listed. All diseases in Part I must be causally related.

896, 0 & 100
1958

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 *Elmer H. Pennington*

Licensed Embalmer No. 4283

P. O. Address St. Louis, Mo.

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.