

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

58-038043
 State File No.

86458-58
 FILED NOV 10 1958

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10226

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

| | | | |
|---|-----------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, MO. | | c. CITY OR TOWN ST. LOUIS | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 23 ST. JOHN'S HOSPITAL | | e. STREET ADDRESS (If rural, give location) 2109 4190a FARLIN | |
| 3. NAME OF DECEASED (Type or Print) a. (Given) Baby b. (Middle) c. (Last) Moeller. | | 4. DATE OF DEATH (Month) (Day) (Year) Oct 24 1958 | |
| 5. SEX Male | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) INFANT | 8. DATE OF BIRTH Oct 24, 1958 |
| 9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | IF UNDER 12 HRS. Days | IF UNDER 30 Hours Min. 30 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MO. | 12. CITIZEN OF WHAT COUNTRY? US |
| 13a. FATHER'S NAME MERLE MOELLER | | 13b. MOTHER'S MAIDEN NAME DONNA JEAN HECKLAND | |
| 14. NAME OF HUSBAND OR WIFE | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME MERLE MOELLER 4190a FARLIN | |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Intra uterine Anoxia</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Premature Separation of Placenta.</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 761.5 | |
| 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 <i>Oct 24</i> , 1958, to <i>Oct 24</i> , 1958, that I last saw the deceased alive on <i>Oct 24</i> , 1958 and that death occurred at <i>2 P.</i> m., from the causes and on the date stated above. | |
| 23a. SIGNATURE <i>Richard Neuberger M.D.</i> | | 23b. ADDRESS <i>634 N. Grand</i> | |
| 23c. DATE SIGNED <i>Oct 25, 1958</i> | | 24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | |
| 24b. DATE <i>OCT. 28, '58</i> | | 24c. NAME OF CEMETERY OR CREMATORY <i>VIA HALLA CEMETERY</i> | |
| 24d. LOCATION (City, town, or county) (State) <i>ST. LOUIS COUNTY, MO.</i> | | 25. FUNERAL DIRECTOR'S SIGNATURE <i>J. Earl Smith M.D.</i> | |
| DATE REC'D BY LOCAL REG. <i>OCT 27 '58</i> | | ADDRESS <i>TANNER FUNERAL HOME, 6107 NATL. BR.</i> | |

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 *Stanley H. Dixon*.....

Licensed Embalmer No. *4193*.....

P. O. Address *St. Louis*.....

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.