

# UNOFFICIAL COPY

I hereby certify the below to be a true and correct copy of the Local Registrar's record on file in the Broward County Health Department at Fort Lauderdale, Florida.

(Warning: Not valid unless raised seal of the Broward County Health Dept. is affixed.)

*Paul M. Hughes*  
 County Health Officer and Local Registrar

*Ruby Lister*  
 Deputy Local Registrar

10-28-75

## CERTIFICATE OF DEATH

Department of Health and Rehabilitative Services  
DIVISION OF HEALTH  
BUREAU OF VITAL STATISTICS

FLORIDA

STATE FILE NO. \_\_\_\_\_

REGISTRAR'S NO. \_\_\_\_\_

TYPE OR PRINT IN PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

1 DECEASED - NAME William E. Moeller		SEX Male	DATE OF DEATH (MONTH, DAY, YEAR) October 24, 1975
2 RACE (SPECIFY) White	3 AGE (LAST BIRTHDAY) (YEARS) 70	4 UNDER 1 YEAR (MOS. DAYS) 51	5 DATE OF BIRTH (MONTH, DAY, YEAR) July, 30, 1905
6 CITY, TOWN, OR LOCATION OF DEATH Ft. Lauderdale		7 HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN TITLES, GIVE STREET AND NUMBER) Broward General Medical Center	
8 STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Illinois	9 U.S.A. CITIZEN OF WHAT COUNTRY U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	11 SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Alice Youngquist
12 SOCIAL SECURITY NUMBER 338-10-2557	13 USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Accountant	14 KIND OF BUSINESS OR INDUSTRY Public Administration Service	
15 RESIDENCE - STATE Florida	16 COUNTY Broward	17 CITY, TOWN, OR LOCATION (INSIDE CITY LIMITS SPECIFY YES OR NO) Ft. Lauderdale	18 STREET AND NUMBER (INSIDE CITY LIMITS SPECIFY YES OR NO) 700 Bayshore Drive

1506 DICED

USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

### PARENTS

19 FATHER - NAME Ernest August Moeller	20 MOTHER - MAIDEN NAME Susan Grunwald
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21 INFORMANT - NAME Mrs. Alice Moeller	22 MAILING ADDRESS 700 Bayshore Drive, Ft. Lauderdale, FL 33304
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### CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(a) IMMEDIATE CAUSE Shock	DUE TO, OR AS A CONSEQUENCE OF:	minutes
(b) CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE SHOWING CAUSE (LAST)	Ruptured abdominal aortic aneurysm	months
	Generalized arteriosclerosis	years

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I.		AUTOPSY (YES OR NO) In YES	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH Yes
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23 (Probable) ACCIDENT, SUICIDE OR HOMICIDE, OR UNDETERMINED (Specify)	24 DATE OF INJURY (MONTH, DAY, YEAR)	25 HOUR	26 HOW INJURY OCCURRED
27 INJURY AT WORK (SPECIFY YES OR NO)	28 PLACE OF INJURY (AT HOME, BATH, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY))	29 LOCATION	30 STREET OR R.F.D. NO., CITY OR TOWN, STATE

### CERTIFIER

31 CERTIFICATION - PHYSICIAN: I ATTENDED THE DECEASED FROM	32 MONTH DAY YEAR 10 23 75 TO 10 24 75	33 AND LAST SAW HIM/HER ALIVE ON	34 MONTH DAY YEAR 10 24 75	35 I DID/DID NOT VIEW THE BODY AFTER DEATH. Yes	36 DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, AS TO THE CAUSE(S) STATED
37 CERTIFICATION - MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED		38 HOUR OF DEATH	39 THE DECEASED WAS PRONOUNCED DEAD	40 MONTH DAY YEAR	41 HOUR
42 CERTIFIER - NAME (TYPE OR PRINT) M. J. KATZ, M.D.		43 SIGNATURE	44 DEGREE OR TITLE	45 DATE SIGNED (MONTH, DAY, YEAR) 10/21/75	
46 MAILING ADDRESS - CERTIFIER 2500 N. Lauderdale Blvd.		47 STREET OR R.F.D. NO.	48 CITY OR TOWN	49 STATE	50 ZIP

### BURIAL

51 BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation	52 CEMETERY OR CREMATORY - NAME Broward Crematorium	53 LOCATION Fort Lauderdale, Fla.
54 DATE Oct. 28, 1975	55 FUNERAL HOME - NAME AND ADDRESS Baird-Case F.H., 4343 N. Federal Hwy., Ft. Lauderdale, FL 33308	
56 FUNERAL DIRECTOR - SIGNATURE <i>[Signature]</i>	57 REGISTRAR - SIGNATURE <i>[Signature]</i>	58 DATE RECEIVED BY LOCAL REGISTRAR Oct. 28, 1975

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Property of Cook County Clerk's Office

3838345

(FORM 302)

Affidavit by Surviving Joint Tenant

L. R. 15655 Doc. No. 994 Certificate No.

State of Florida County of Broward ss.

ALICE M. MOELLER being first duly sworn, upon oath deposes and says:

That she resides at 700 Bayshore Drive in the City of Fort Lauderdale and that she is one of the parties who took title, not in tenancy in common, but in joint tenancy, to real estate shown in Certificate of Title No. 648687 situated in said Cook County, Illinois, described as follows:

The South 18 feet of Lot 5 and Lot 6 in Block 2 in the Subdivision of Lots 1 to 10 both inclusive, in Charles Ringer's South Shore Addition, being a Subdivision of the East half of the Southwest Quarter of Northwest Quarter of Section 31, Township 38 North, Range 15 East of the Third Principal Meridian, (except the South 33 feet thereof, taken for widening East 83rd Street) in Cook County, Illinois.

Affiant states that WILLIAM E. MOELLER one of the said owners in joint tenancy, died intestate, in the city (Village) of Ft. Lauderdale in the State of Florida as is confirmed by a Certificate of the health department of said municipality hereto attached.

Affiant states that the remaining joint tenant has not changed her marital status since the issuance of Certificate of Title Number 648687 (except who has been married but once since acquiring said real estate and then to).

Further, that the affiant makes this affidavit for the purpose of inducing the Registrar of Titles of Cook County, Illinois, to issue a certificate of title to the surviving Joint Tenant to said above described premises, relying on this statement as true, and in consideration thereof affiant guarantees the truth of the statements herein contained.

Alice M. Moeller

Subscribed and sworn to before me this 17th day of October 1989

Deborah Hill NOTARY PUBLIC.

NOTARY PUBLIC STATE OF FLORIDA MY COMMISSION EXP. APR. 14, 1993 BONDED THRU GENERAL INS. UND.

3838345

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*Handwritten:* 3838345

1989 NOV -7 AM 9:28

CAROL MOSELEY BRAUN  
REGISTRAR OF TITLES

3838345

IDENTIFIED No.	3838345
COOK COUNTY REGISTRAR OF TITLES	3838345

*Handwritten:* SYLVIA KELLY

*Handwritten:* 300 N. State #4608

*Handwritten:* Chicago, Ill. 60610

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