

DEC'D SEP 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

27288

Do not use this space.

7302

1. PLACE OF DEATH

- (a) County Registration District No.
(b) Township Primary Registration District No.
(c) City Erwin Desloge Hospital (d) Street No.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Stillborn (Carol May Moxton)

- (a) Residence, No. 4138a Cleveland St. 17
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>August 15 1938</u>			
7. AGE	YEARS	MONTHS	DAYS
			IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		
	9. Industry or business in which work was done, as saw mill, bank, etc.		
	10. Date deceased last worked at this occupation (month and year)		
	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Erwin Desloge Hospital, Stillborn, Mo.</u>			
FATHER	13. NAME <u>William John Moxton</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis</u>		
MOTHER	15. MAIDEN NAME <u>Bertha Marie Schwabentha</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis</u>		

17. INFORMANT Bertha Marie Moxton (mother)
(ADDRESS) 4138a Cleveland, St. Louis, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE Aug 18 3119. FUNERAL DIRECTOR (NAME) Henry Heidemann
(ADDRESS) 6203 Gravois Ave20. FILED 15 11 1938 J. D. Bredsch
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from

August 15, 1938, to Birth, 19.....I last saw h. e. r. alive on Stillborn, 19..... Death is saidto have occurred on the date stated above, at 7:35 P. m.

The principal cause of death and related causes of importance were as follows:

Hemorrhage of placenta
prolapsed with partial
separation of placenta

Date of onset

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? T

If so, specify

(Signed) Erwin T. Huber, M. D.(Address) 1325 South Grand Ave.

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

Registered Apprentice No., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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 this body is not embalmed, above space should be left blank.

*Arthur J. ...
M. ...*