

1938 DEC 12 1938

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

37186
Do not use this space.

1. PLACE OF DEATH

(a) County..... 2 Registration District No. **791**
(b) Township..... 1 Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **5861 Hampton Ave.** Registered No. **9513**
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(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 **William Allen Moffat**

(a) Residence, No. **5861 Hampton Ave.** St. **2** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF **Frances Tracy Moffat** (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug. 8, 1885**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
53 2 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Police Officer**
9. Industry or business in which work was done, as saw mill, bank, etc. **retired 3 Yrs.**
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) **St. Louis** (STATE OR COUNTRY) **Mo.**

FATHER 13. NAME **William Moffat**

14. BIRTHPLACE (CITY OR TOWN) **England** (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Anna Donaldson**

16. BIRTHPLACE (CITY OR TOWN) **Belfast** (STATE OR COUNTRY) **Ireland**

17. INFORMANT (ADDRESS) **Frances Tracy Moffat**
5861 Hampton Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE **Memorial Park** DATE **11-4** 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Kriegshauser Mortuary**
4228 So. Kingshighway

20. FILED **NOV 1 1938** **J. T. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **11-1** 1938

22. I HEREBY CERTIFY, That I attended deceased from **Aug 25**, 1938, to **Nov 1**, 1938
I last saw him alive on **Oct 31**, 1938. Death is said to have occurred on the date stated above, at **5:30 A.M.**

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

Hypertensive Cardiovascular Disease Date of onset **11/1/38**

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis? **Clinical** Was there an autopsy? **No**

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? **No**
If so, specify.....
(Signed) **W. H. German**, M. D.
(Address) **2924 S. Grand Ave.**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Edwin D. Mc Dermott

Licensed Embalmer No. 3024

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.