

REC'D MAR 13 1939

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

4812  
Do not use this space.

## 1. PLACE OF DEATH

(a) County St. Louis Registration District No. 791  
(b) Township St. Louis Primary Registration District No. 1003 Registered No. 1505  
(c) City St. Louis (d) Street No. 1208 Louisville Ave. St.  
(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

435 Frank Thomas Moulton,  
(a) Residence, No. 1208 Louisville Ave. St. 4 (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 (OR) WIFE OF Ethel Olson Moulton,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1883-5-12

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
55 9 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Guard  
9. Industry or business in which work was done, as saw mill, bank, etc. City Art Museum  
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) St. Louis, Mo.

FATHER 13. NAME James Moulton,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER 15. MAIDEN NAME Margaret Harrison,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

17. INFORMANT Ethel Moulton,  
(ADDRESS) 1208 Louisville Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Charles DATE 2/18/39 19.

19. FUNERAL DIRECTOR Robert J. Ambruster  
(ADDRESS) Clayton Rd. at Concordia Lane

20. FILED FEB 16 1939 J. D. Beckwith  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

NO ATTENDING PHYSICIAN.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from  
....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 6:35 PM

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

Aortic Insufficiency and  
Mitral Stenosis;  
CONTRIB: Oedema of the brain.

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....  
What test confirmed diagnosis..... Was there an autopsy? YES

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.

see above  
Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify Joseph M. Lucas  
(Signed) Joseph M. Lucas M.D.  
(Address) Coroner City of St. Louis.

STATEMENT BY LICENSED EMBALMER

I, Edward H. Bockhart, Licensed Embalmer No. 2502

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E. ....

No.....or by....., Registered Apprentice No.....  
working under my personal supervision.

Signed

Edward H. Bockhart

Licensed Embalmer No. 2502

**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.)**