

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 9671

DECEASED DEC 11 1940

1. PLACE OF DEATH:

(a) County.....

(b) City or town. St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Anthony's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether)

In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo (b) County.....

(c) City or town. St. Louis /
(If outside city or town limits, write "RURAL")

(d) Street No. 414 W. Davis
(If rural, give location)

(e) If foreign born, how long in U. S. A.?..... years.

3. (a) PRINT FULL NAME. Catherine Moushey

3. (b) If veteran, name war..... none

3. (c) Social Security No. none

4. Sex Female 5. Color or race. White

6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife. Louis Moushey

6. (c) Age of husband or wife if alive. 60 years

7. Birth date of deceased. Oct. 17, 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

57 1 6 hr. min.

9. Birthplace. St. Louis, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation. housework

11. Industry or business. at home

12. Name. Jacob Stauder

13. Birthplace. Germany
(City, town, or county) (State or foreign country)

14. Maiden name. Catherine Finney

15. Birthplace. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant. Louis Moushey

(b) Address. 414 W Davis

17. (a) Burial (b) Date thereof. 11-26-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Mt. Olive Cemetery

18. (a) Signature of funeral director. Southern Funeral Home

(b) Address. 6322 S Grand Blvd

19. (a) NOV 25 1940 (b) J. Budick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 23
year 1940 hour..... minute. 10³⁰ P.M.

21. I hereby certify that I attended the deceased from Nov. 14 1940
to 11-23, 1940
that I last saw her alive on Nov 23, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death. Cerebral Embolism Duration 1 day

Due to Acute Peritonitis (General) 4 days?

Due to Ruptured appendix 2 days?

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations. Ruptured appendix

Of autopsy. Peritonitis - Cerebral Embolism

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?.....
(Specify type of plant) (e) Means of injury

23. Signature. St. Louis, Mo (M. D. or other)
Address. 5417 W Grand Date signed 11-25-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

Dr. Reed

11-1

5417 S

Grand

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.....

Raymond F. Hoemann

Registered Apprentice No. *275*

working under my personal supervision.

Signed.....

Virgil L. Berryman

Licensed Embalmer No. *4018*

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

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, fact should be so stated above.