

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 13 1941
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 12873
Registrar's No. 3303

Registration District No. 791

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis Mo
(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 6838 FYLER AVE. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 years
(Specify, whether
In this community years, months or days)

3. (c) PRINT FULL NAME LIDA MOONTZ

3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Joseph R. Moontz 6. (c) Age of husband or wife if alive — years
7. Birth date of deceased January 17 - 1858
(Month) (Day) (Year)

8. AGE: Years 73 Months 2 Days 28 If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business home

MOTHER FATHER { 12. Name James Broyles
13. Birthplace Mo
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's name and signature Josephine Arthur
(b) Address 6838 FYLER

17. (a) Burial (b) Date thereof Apr 17 - 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bunceton Mo

18. (a) Signature of funeral director Henry L. Weidenmüller
(b) Address 6703 Madison Ave

19. (a) APR 16 1941 (b) J. H. Breich
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 13
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6838 FYLER
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15
year 1941 hour 10 minute 15 A. M.

21. I hereby certify that I attended the deceased from April 6
1941, to April 15, 1941;
that I last saw her alive on April 14, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage. Duration 10 days.

Due to —

Due to —

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

Major findings: Of operations —

Of autopsy —

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) 200
(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 place) (e) Means of injury —

23. Signature Pierre M. Brouard (M. D. or other)
Address 550 Cambridge Date signed 4/19/41

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.....

Gay W. Wilkinson

Licensed Embalmer No.....

35-75

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.