7. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 2 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7438

Registration District No. 310 — Primary Registration District No. 3058 6051 — Registrar's No. 31

#2
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1. PLACE OF DEATH:
(a) County: St. Charles
(b) City or town: St. Charles Twp (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural Route #2 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community: Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Charles
(c) City or town: Rural (If outside city or town limits, write "RURAL")
(d) Street No.: Rural Route #2 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: William J. Moakes
3. (b) If veteran, name war: World War I
3. (c) Social Security No. 499-01-9175

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of ~~husband or~~ wife: Frances (Reichelt) Moakes
6. (c) Age of husband or wife if alive: 44 years
7. Birth date of deceased: August (Month) 6 (Day) 1892 (Year)

8. AGE: Years 50 | Months 6 | Days 6 | If less than one day ____ hr. ____ min.

9. Birthplace: Phelps County (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Concrete Mixer
11. Industry or business:

FATHER
12. Name: Amos Moakes
13. Birthplace: Phelps County (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name: Lizzie Howard
15. Birthplace: Phelps County (City, town, or county) Mo (State or foreign country)

16. (a) Informant: Mrs. Frances Moakes
(b) Address: RR #2 - St. Charles, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. 17 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Peters Cem., St. Charles, Mo
18. (a) Signature of funeral director: H. C. Dallmeyer & Son Co.
(b) Address: 201 N. Second, St. Charles, Mo
19. (a) 2-15-43 (Date received local registrar) (b) Clarence G. Wessler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 13 year 1943 hour 11 minute 30 P. M.
21. I hereby certify that I attended the deceased from 12-31, 1942 to 2-13, 1943; that I last saw him alive on 2-13, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac decompensation — Duration
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):
(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? (Specify type of place)
While at work? Means of injury:

23. Signature: [illegible] (M.D. or other) M.D.
Address: St. Charles, Mo. Date signed 2-15-43

079 (Licensed Embalmer's Statement on Reverse Side)

MAR 2 1943

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. John E. Dallmeyer

Licensed Embalmer No. 2951

P. O. Address St Charles 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.