

FILED MAY 12 1949 318  
Registration District No. ....

Primary Registration District No. .... Registrar's No. 4121

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:  
STONE NURSING HOME 4373 W. Pine  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 week (Specify whether  
In this community life (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County .....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4166 Lindell  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country. ....

3. (a) PRINT FULL NAME CHARLES STEWART MOFFITT

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Addie Moffitt 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Oct - 10 - 1887  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
61 10 3 hr. min.

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

10. Usual occupation Grain Broker

11. Industry or business

12. Name William S. Moffitt

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

14. Maiden name Mary Moffitt

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

16. (a) Informant Addie Moffitt

(b) Address 4166 Lindell

17. (a) burial (b) Date thereof 5/4/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Ward & Sons

(b) Address 6175 Delmar Blvd

19. (a) MAY 3 1949 J.F. Zudersk  
(Date received local registry) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2  
year 1943 hour 1:30 minute 0 M.

21. I hereby certify that I attended the deceased from Sept 11  
1942 to May 2 1943  
that I last saw him alive on May 2 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Chorea Myocarditis Duration 1 year

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?

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

23. Signature John L. Mardis M.D. (M. D. or other)  
Address 3155 N. Vandeventer Ave. Date signed 5-3-43

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

MOTHER, FATHER

Warden  
3155 M. Vandenberg  
1-3

**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..... *Thomas R. Jewell* .....

Licensed Embalmer No. *3793* .....

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.