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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 9 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16595

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4989

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Deaconess Hospital O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 Days (Specify whether

In this community 13 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Ferguson (If outside city or town limits, write "RURAL")

(d) Street No. 112 Larwence Place (If rural, give location) N.R.

(e) Citizen of foreign country? (Yes or No)

If yes, name country /

3. (a) PRINT FULL NAME Walter J. Moulder

3. (b) If veteran, name war

3. (c) Social Security No. 189-10-2409

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Alice R. Moulder

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased May 26, 1897 (Month) (Day) (Year)

8. AGE: Years 47 Months 0 Days 4 If less than one day hr. min.

9. Birthplace Philidelphia Penn. (City, town, or county) (State or foreign country)

10. Usual occupation Quality Mgr. (Curtiss Wright)

11. Industry or business Airplane Mgf.

FATHER
12. Name Samuel Moulder
13. Birthplace Philidelphia Penn. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Stenz
15. Birthplace Philidelphia Penn. (City, town, or county) (State or foreign country)

16. (a) Informant Walter J. Moulder Jr.

(b) Address Ferguson, Missouri.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof May 31, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Philidelphia, Penn.

18. (a) Signature of funeral director L. M. White

(b) Address Ferguson, Missouri.

19. (a) MAY 31 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30 year 1944 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from May 12th May, 1944 to May 30, 1944 that I last saw him alive on May 30, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Embolism — Duration: sudden

Due to Chr. Rheumatic valvular Cardiac Disease

Due to Calculous left Kidney C

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

Major findings: Of operations Calculus left kidney May 12th

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 (e) Means of injury

23. Signature E. J. Schisler (M.D. or other) M.D.

Address 945 Mo. Theatre Bldg. St. Louis Mo Date signed 5/30/44

(Licensed Embalmer's Statement on Reverse Side)

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: L. M. Shute

Licensed Embalmer No. 3973

P. O. Address: Bergenson, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.