

REG. AUG 21 1944 318

Primary Registration District No. 1003

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

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:
DePaul Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Judith Ann Moenster

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 Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 31, 1944
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
			<u>14</u>	hr. _____ min.

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

10. Usual occupation None

MOTHER FATHER

12. Name John Moenster

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

14. Maiden name Dorothy Hotfelder

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

16. (a) Informant John Moenster

(b) Address 2012a E. Warne Ave.

17. (a) Burial (b) Date thereof 8/15/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address 2117 E. Grand Blvd.

19. (a) AUG 15 1944 J. F. Brudick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

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

(d) Street No. 2012a E. Warne Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 14
year 1944 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 31, 1944, to Aug 13, 1944, that I last saw her alive on Aug 13 and that death occurred on the date and hour stated above.

Immediate cause of death Diarrhoea of Newborn

Due to _____

Due to _____

Other conditions 119
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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) (b) Means of injury _____

23. Signature [Signature] (M. D. _____)

Address 4500 Clarence Date signed 8/14/44

Duration

10 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

APR 11 1930

450.00

450.00
Frt 3800

J. W. Moore

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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

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.