

S. No. 2
M-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
#59238
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22033**
Registrar's No. **5765**

Registration District No. **318** Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County **St. Louis, Missouri.**
(b) City or town **St. Louis, Missouri.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital—Max C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 days**
(Specify whether
In this community **25 years**
years, months or days)

3. (a) PRINT FULL NAME **CLARA Moffett**
3. (b) If veteran, name war **NO** 3. (c) Social Security No. **none**

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **M**
6. (b) Name of husband or wife **Joseph** 6. (c) Age of husband or wife if alive **57** years
7. Birth date of deceased **October 17, 1888**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 8 11 hr. min.

9. Birthplace **?** **Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **House-wife**

11. Industry or business **At Home**

MOTHER FATHER
12. Name **W. P. ...**
13. Birthplace **?**
(City, town, or county) (State or foreign country)
14. Maiden name **W. P. ...**
15. Birthplace **?**
(City, town, or county) (State or foreign country)

16. (a) Informant **Joseph C. Moffett**
(b) Address **808a Hickory Street**

17. (a) **Burial** (b) Date thereof **7-1-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **New St. Marcus Cemetery**

18. (a) Signature of funeral director **A. W. McLaughlin**
(b) Address **230 1/2 Lafayette Avenue**

19. (a) **JUN 30 1946** (b) **J. F. Bredeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis** **227**
(If outside city or town limits, write "RURAL") **17**
(d) Street No. **808a Hickory Street** **90**
Memorial (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **28th**
year **1946** hour **3:10** minute **P** M.
21. I hereby certify that I attended the deceased from **6/26/46**
....., 19..... to **6/28/46**, 19.....
that I last saw h. **or** alive on **6/28/46**, 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death **Spasm of**
Rt. ventricle, str. artery Duration **2 1/2 hours**
Due to **Hypertension Cordis. Vasculum**
clear **10/20**
Due to

Other conditions **93**
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy **Denied**
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 **0**
23. Signature **Robert O. ...** (M. D.) **0**
1915 Lafayette **6/28/46**
Address

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..... *W Cooper*

Licensed Embalmer No. *3830*

P. O. Address *2301 Lafayette Ave*

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.