

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Manchester
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Manchester Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 yrs.
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME

MARY MOULT.

3. (b) If veteran,
name war None

3. (c) Social Security
No. None

4. Sex Female 5. Color or
race White

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

6. (b) Name of husband or wife
Robert V. Moulton.

6. (c) Age of husband or wife if
alive Dec'd. years

7. Birth date of deceased April 9, 1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>10</u>	<u>21</u>	hr. _____ min.

9. Birthplace Norway 4
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

MOTHER FATHER {
12. Name Dont know 9
13. Birthplace Dont know. 9
(City, town, or county) (State or foreign country)
14. Maiden name Dont know.
15. Birthplace Dont know. 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Guy Moulton.

(b) Address 5528 So. Grand Boulevard.

17. (a) Cremation (b) Date thereof 2-4-1947.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Crematory.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.

(b) Address 5966-68 Easton Avenue

19. (a) 3-5-47 (b) Ruth J. Allen
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 91
(c) City or town Wellston
(If outside city or town limits, write "RURAL")
(d) Street No. 6144 Bertha Avenue.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 2
year 1947 hour 5:20 minute A M.

21. I hereby certify that I attended the deceased from June 15
1947 to Mar 2 1947
that I last saw him alive on Mar 1 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac failure sudden
Due to Chr. Myocarditis.

Due to 93d
Other conditions _____
(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) (e) Means of injury _____
23. Signature Ch. Denny (M. D. or other) MD
Address Creve Coeur Mo Date signed 3-2-47

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.....

Rei E Campbell

Licensed Embalmer No. *3881*

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.