

S. No. 2  
12-45  
5-17-39  
P1 X47070

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15886

FILED APR 23 1947  
Registration District No. 2002

Primary Registration District No. 2002

Registrar's No. 874

1. PLACE OF DEATH:

(a) County St. Louis  
 (b) City or town University City,  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
6311 Westminster /  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community 10 years  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
 (c) City or town University City  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 6311 Westminster  
 (If rural, give location)  
 (e) Citizen of foreign country? NO (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ANNA MARIE MOFFETT  
 (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15th  
 year 1947 hour 2:45 minute \_\_\_\_\_ P.M.  
 21. I hereby certify that I attended the deceased from \_\_\_\_\_  
 1940 to April 15 1947  
 that I last saw her alive on April 14 1947  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death \_\_\_\_\_

4. Sex F. / 5. Color or race W  
 6. (a) Single, widowed, married, divorced Widowed  
 6. (c) Age of husband or wife if alive dec. years  
 7. Birth date of deceased: July 21, 1850  
 (Month) (Day) (Year)

Duration \_\_\_\_\_

Due to Senility (age 97)  
arteriosclerosis  
degenerative  
 Due to Heart, kidneys  
Brain  
 Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day  
96 8 24 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Physician \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

9. Birthplace: Concord - Ohio  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation Housewife

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) (e) Means of injury Ⓟ  
 While at work? \_\_\_\_\_  
 23. Signature [Signature] (M. D. or other) 3rd  
 Address 610 Westport St. St. Louis Date signed 4/16/47

MOTHER FATHER {  
 11. Industry or business \_\_\_\_\_  
 12. Name Philip Schuyler  
 13. Birthplace Penna. / (City, town, or county) (State or foreign country)  
 14. Maiden name Aitha M. Streeter  
 15. Birthplace N.Y. / (City, town, or county) (State or foreign country)  
 16. (a) Informant Guy Randall  
 (b) Address 6311 Westminster  
 17. (a) Burial (b) Date thereof 4/17/47  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Sunset Burial Park  
 18. (a) Signature of funeral director Alexander & Sons  
 (b) Address 6175 Delmar Blvd., St. Louis  
 19. (a) 4-17-47 (b) [Signature]  
 (Date received local registrar) (Registrar's signature)

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

Dr. Carl F. Vols.  
508 N. Grand. Bm  
Joff 8687.  
Hant 11 - 1 PM

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. Penwick  
Licensed Embalmer No. 3793  
P. O. Address 6175 Delman

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.