S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 4 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32823

Registration District No. 315 — Primary Registration District No. 1003 — Registrar's No. 8807

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. Pac. Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 0-0
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 6719 Plainview 9
(If rural, give location)
(e) Citizen of foreign country? 3 (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Julius H. Moffatt
3. (b) If veteran, name war None
3. (c) Social Security No.
4. Sex Male c
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Margaret M.
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased Aug. (Month) 26 (Day) 1879 (Year)

8. AGE: Years 68 Months 0 Days 22 If less than one day hr. min.

9. Birthplace Jefferson City (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation Wreck Master
11. Industry or business Terminal R. R.

MOTHER — FATHER
12. Name Julius Moffatt 0
13. Birthplace Unknown (City, town, or county) (State or foreign country) 1
14. Maiden name Sophie Kuenzle
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs. M. M. Moffatt 1
(b) Address 6719 Plainview
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-22-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Blv.
19. (a) SEP 19 1947 (Date received local registrar) (b) J. F. Bulleck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 18 year 1947 hour 12 minute 45 P. M.

21. I hereby certify that I attended the deceased from 12 August 1947 to 18 September 1947 that I last saw him alive on 16 September 1947 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Coronary Artery Thrombosis

Due to: arteriosclerosis

Due to:

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

Major findings: Of operations: Leg amputation for arteriosclerotic gangrene

Of autopsy:

PHYSICIAN — Underline the cause of 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 John M. Ellis (M. D. or other)
Address Mo. Pacific Hospital Date signed 18 Sept. 47

Jefferson City Printing Co.

(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. Richard W. Stovesand

Licensed Embalmer No. 4007

P. O. Address .....

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.