S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 22 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2867

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 363

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: St. Marys Infirmary
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County St. Clair 999
(c) City or town East St. Louis, 11
(If outside city or town limits, write "RURAL")
(d) Street No. 712 N. 1st St. 0
(If rural, give location) NR
(e) Citizen of foreign country? (Yes or No) 21
If yes, name country

3. (a) PRINT FULL NAME CARL (Ridley) Moffatt
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male 2
5. Color or race Negro
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 2 (Day) 1945 (Year)

8. AGE: Years	Months	Days	If less than one day
2	8	10	hr. min.

9. Birthplace East St. Louis, Illinois
(City, town, or county) (State or foreign country)
10. Usual occupation None
11. Industry or business None
FATHER
12. Name Thomas Ridley, Jr.
13. Birthplace Mounds, Illinois.
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Gracie Moffatt
15. Birthplace Troy, Tenn.
(City, town, or county) (State or foreign country)
16. (a) Informant Gracie Moffatt
(b) Address 712 N 1st St
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-13-48 (Month) (Day) (Year)
(c) Place: burial or cremation Booker Washington
E. Storm-ill
18. (a) Signature of funeral director C. J. Nook
(b) Address 384 Tazewell
19. (a) JAN 19 1948 (Date received by registrar) (b) J. T. Bunock (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 12
year 1948 hour 7 minutes 55 A M.
21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Meningitis	
Contrib - Acute Respiratory	
Due to Infection	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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? (Specify type of place)
While at work? Means of injury
23. Signature Patrick E. Taylor M.D. (M.D. or other)
Address 1300 Clark Date signed 1-13-48

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 C. J. Mark

Licensed Embalmer No. 2437

P. O. Address 3824 Wagg

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.