

Registration District No. 217

Primary Registration District No. 2002

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: 6301 Bartmer 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)

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. 6301 Bartmer 1
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

In this community _____ years, months or days

3: (a) PRINT FULL NAME Benjamin Moses
 3: (b) If veteran, name war _____
 3: (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9
 year 1948 hour 6:30 minute 9 P. M.
 21. I hereby certify that I attended the deceased from October 18
 _____, 1948, to July 9, 1948
 that I last saw him alive on July 8, 1948
 and that death occurred on the date and hour stated above.

4. (a) Sex Male
 5. Color of skin Wh
 6. (a) Single, widowed, married, divorced _____
 6. (b) Name of husband or wife Margaret
 6. (c) Age of husband or wife if alive 70 years
 7. Birth date of deceased October 11 1883
 (Month) (Day) (Year)

Immediate cause of death Myocarditis chr
 Duration 1 yr

8. AGE: Years 64 Months 8 Days 28
 If less than one day _____ hr _____ min.

Due to 93d
 Due to _____

9. Birthplace Bottleville Mo.
 (City, town, or county) (State or foreign country)

Other conditions Bronchial carcinoma
 (Include pregnancy within 3 months of death) 20yr

10. Usual occupation Foreman
 11. Industry or business Budtoy-Skinner

Major findings:
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

12. Name Nathan Moses
 13. Birthplace Virginia 1
 (City, town, or county) (State or foreign country)

14. Maiden name _____
 15. Birthplace 9
 (City, town, or county) (State or foreign country)

16. (a) Informant Margaret Moses
 (b) Address 6301 Bartmer

17. (a) Burial (b) Date thereof 7-12-48
 (burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Cemetery of St. Louis

18. (a) Signature of funeral director W. J. Stuart
 (b) Address 225 Union Blvd

19. (a) 7-10-48 (b) Carol A. Harp
 (Date received local registrar) (Registrar's signature)

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 W

Signature NH Oakesford (M. D. or other)
 Address 3903 Olive Date signed 7/9/48

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

96
3
5

A.U. H. H. Shackleton
3903 Olive

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 Elmer R. Padwell
Licensed Embalmer No. 4077
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.