No. 300
10.48

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

FILED SEP 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31710

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8138

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: St. Louis, Mo.
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BARNES HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 212-9
d. STREET ADDRESS (If rural, give location): 4950 Lindell Blvd 12

3. NAME OF DECEASED (Type or Print)
a. (First): Olive
b. (Middle): BOOGHER *
c. (Last): Moffitt

4. DATE OF DEATH (Month) (Day) (Year): 9-12-51

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept. 24 1872
9. AGE (In years last birthday): 78
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): St. Louis, Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Simon BOOGHER
13b. MOTHER'S MAIDEN NAME: SOPHIE HOGAN
14. NAME OF HUSBAND OR WIFE: NATHANIEL L. MOFFITT.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: MRS. ROBERT R. REEVE
ADDRESS: ST. LOUIS. MO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — 15 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? H200

22. *I hereby certify that I attended the deceased from* Sept 9, 1951, *to* Sept 12, 1951, *that I last saw the deceased alive on* Sept 12, 1951, *and that death occurred at* 10:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O. H. Finger M.D.
23b. ADDRESS: BARNES HOSPITAL
23c. DATE SIGNED: 9-12-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-14-1951
24c. NAME OF CEMETERY OR CREMATORY: Bellefontaine Cem.
24d. LOCATION (City, town, or county) (State): St. Louis Mo

DATE REC'D BY LOCAL REG.: SEP 13 1951
REGISTRAR'S SIGNATURE: J. Carl Smith M.D.
MB
25. FUNERAL DIRECTOR'S SIGNATURE: C. R. LUPTON + SONS
ADDRESS: 7233 DELMAR BLVD

(Licensed Embalmer's Statement on Reverse Side)

NOV 30 1951
NOV 2 0 1951

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.....

..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Arnold W. Schoene

Licensed Embalmer No. 3864

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.