Health, & Welfare Public Service

300 0 -57

FILED OCT 11 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 33896

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9004

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS, MISSOURI — Inside Limits: Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 04 BARNES HOSPITAL — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN: University City 4376 — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 27 8368 Delmar Blvd. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: RANKEN — Middle: NMN — Last: MOFFITT

4. DATE OF DEATH: Month SEPTEMBER Day 24 Year 1957

5. SEX: Male

6. COLOR OR RACE: White

7. MARITAL STATUS: MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: November 7, 1919

9. AGE (In years last birthday): 37 — IF UNDER 1 YEAR: Months 10 Days 17 — IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baptist Minister

10b. KIND OF BUSINESS OR INDUSTRY: Religion

11. BIRTHPLACE (City and state or country): St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: George Wilber Moffitt, Sr.

13b. MOTHER'S MAIDEN NAME: Jane Ranken Lytle

14. NAME OF HUSBAND OR WIFE: Peggy Booth 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: Miss Catherine Lytle — Address: 6331 Westminster Place

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): GENERALIZED NEUROFIBROMATOSIS (MALIGNANT) — INTERVAL BETWEEN ONSET AND DEATH: 1 YR.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 193X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from MARCH 28, 1957, to SEPT. 24, 1957 and last saw her/him alive on SEPT. 24, 1957. Death occurred at 8:05 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C. L. Vermillion, M.D. M.D.

22b. ADDRESS: BARNES HOSPITAL

22c. DATE SIGNED: 9/25/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 9/27/57

23c. NAME OF CEMETERY OR CREMATORY: Bellefontaine Cemetery

23d. LOCATION (City, town, or county) (State): St. Louis, Missouri

24. FUNERAL DIRECTOR — ADDRESS: C. R. Lupton & Sons 7233 Delmar Blvd.

25. DATE RECD. BY LOCAL REG.: SEP 26 57

26. REGISTRAR'S SIGNATURE: J. Earl Smith M.D. S.P.

(Licensed Embalmer's Statement on Reverse Side)

Doctor, Coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

NOV 22 1957

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 .....
Signature of 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.