

REC'D MAR 12 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

4650  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
 (b) Township ..... Primary Registration District No. **1003**  
 (c) City **St Louis** (d) Street No. **St Anthony's Hosp** St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred **45** yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Joseph Moffatt 130**

(a) Residence, No. **2451 Charlack** St. **MO** **Overland, Mo.**  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Adele Moffatt**  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 7 1887**  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**50 9 26**  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Special Repersentat**  
 9. Industry or business in which work was done, as saw mill, bank, etc. **Railway Express Agency**  
 10. Date deceased last worked at this occupation (month and year) **Dec 19 37** 11. Total time (years) spent in this occupation **35**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb 3 1938**  
 22. I HEREBY CERTIFY, That I attended deceased from **Dec 15 1937** to **Feb 3 1938**  
 I last saw him alive on **Feb 2 1938**. Death is said to have occurred on the date stated above, at **2 A** m.  
 The principal cause of death and related causes of importance were as follows:

**Valvular disease of heart**  
**of heart**  
 Other contributory causes of importance:  
**Hy pertension**  
**Myocarditis chr**  
**Endo corditis**

Date of onset

12. BIRTHPLACE (CITY OR TOWN) **Louisville** (STATE OR COUNTRY) **Kentucky**  
 FATHER 13. NAME **Joseph Moffatt**  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Kentucky**  
 MOTHER 15. MAIDEN NAME **Nellie Britt**  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Don't Know**

Name of operation **None** Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? .....

17. INFORMANT **Adele Moffatt** (ADDRESS) **2451 Charlack Overland Mo**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
 Where did injury occur? ..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cemetery** DATE **Feb 5 1938**

Manner of injury .....  
 Nature of injury .....

19. FUNERAL DIRECTOR **Ortmann Funeral Home** (ADDRESS) **9222 Lackland Overland Mo**

24. Was disease or injury in any way related to occupation of deceased? **No**  
 If so, specify ..... (Signed) **J. F. Bredeck**, M. D.

20. FILED **FEB 4 1938** **J. F. Bredeck** Local Registrar.

(Address) **3115 So Grand**

N. B.—Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
\_\_\_\_\_ L. E. \_\_\_\_\_  
No. \_\_\_\_\_ or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

*Al C. Orman*

Licensed Embalmer No. 3472

**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.)**