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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 30442 7719

Registration District No. 701 Primary Registration District No. 1003 Registrar's No.

OCT 25 1940

**1. PLACE OF DEATH:**

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Deaconess Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jefferson

(c) City or town Maxville, Mo. R.R.#2 NR
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Lloyd Moulder

3. (b) If veteran, name war

3. (c) Social Security No. 444-03-9509

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary

6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased August 5, 1915 (Month) (Day) (Year)

8. AGE: Years 25 Months 1 Days 9 If less than one day hr. min.

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

10. Usual occupation Mechanic

11. Industry or business Odell & Reiney

MOTHER FATHER

12. Name D. Eldridge Moulder

13. Birthplace Penn. (City, town, or county) (State or foreign country)

14. Maiden name Stella Pugh

15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Mary Moulder

(b) Address Maxville, Mo. R.R.#2

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9/16/40 (Month) (Day) (Year)

(c) Place: burial or cremation Woodward, Okla.

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) SEP 16 1940 (Date received local registrar) (b) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month September Day 14 year 1940 hour 12.55 A.M. minute 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.

Immediate cause of death Fractured Skull (Hemo of Brain) Contusion of Thorax & Wall — Duration

Due to Suffered in accident when Run over by Tractor

Due to Operated by one Fred Steward on Sept 11-1940

Other conditions (Include pregnancy within 3 months of death) Died at 10 P.M. in Hospital Entered Wed.

Major findings of operation Skull and Thorax

Of autopsy Determined

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Fall Accident

(b) Date of occurrence 9/14/40

(c) Where did injury occur? Centralia Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial plant, in public place? Public Place (Specify type of place)

While at work? (e) Means of injury

23. Signature Joseph M. Luem (M. D. or other)

Address Deputy Coroner Date signed

(Licensed Embalmer's Statement on Reverse Side)

APR 9 1948

JAN 12 1954

**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.....

Licensed Embalmer No. 1284

P. O. Address St Louis Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)**

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