

FILED FEB 24 1942

Registration District No. 784

Primary Registration District No. 117

Registrar's No. 362

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Webster Groves
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
residence 514 Gray Avenue /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Webster Groves
(If outside city or town limits, write "RURAL")
514 Gray Avenue
(If rural, give location)
(d) Street No. _____
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME AMERICA MOULTON

3. (b) If veteran, name war NONE 3. (c) Social Security No. none

4. Sex female 5. Color or face white 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Syloanus T. Moulton. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 7 1854
(Month) (Day) (Year)

8. AGE: Years 87 Months 4 Days 9 If less than one day
hr. _____ min. _____

9. Birthplace Russellville / Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name George E. Harding
13. Birthplace unknown / Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Leana McClelland
15. Birthplace unknown / Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. S. Dowler
(b) Address Webster Groves, Missouri

17. (a) burial (b) Date thereof Feb. 10, 42
(Burial, cremation, or re-oval) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director C. R. Lupton & Sons
(b) Address 7233 Delmar Blvd., St. Louis

19. (a) FEB 16 1942 (b) C. H. McHarron
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 16th
year 1942 hour 1:15 minute 0. M.

21. I hereby certify that I attended the deceased from Feb. 15, 1942 to Feb. 15, 1942
that I last saw her alive on Feb. 15, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia
Duration 10 days

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy none
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) _____
(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 _____

23. Signature William S. Smith or other _____
Address Webster Groves Date signed 2-16-42

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

784

42

Dr William Alexander Smith
111 West Lockwood
RE-0010
Hrs. 3--5 P.M.

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

Clarence A. Murray

Licensed Embalmer No.

4011

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.