

FILED OCT 6 1942

Registration District No. 84

Primary Registration District No. 200

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

96
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1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Wellston
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1502 Lee Avenue.
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Wellston
(If outside city or town limits, write "RURAL")

(d) Street No. 1502 Lee Avenue
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME William H. Moxley

3. (b) If veteran, name war..... none

3. (c) Social Security No. none

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Bertha Moxley

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased March 1, 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

71 6 20 hr. min.

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

10. Usual occupation Real Estate Salesman

11. Industry or business Retired 6 years

MOTHER FATHER {

12. Name William Moxley

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

14. Maiden name Sarah Brown

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

16. (a) Informant Mrs. Bertha Moxley

(b) Address 1502 Lee Avenue.

17. (a) Burial (b) Date thereof Sept 24, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Raleigh, Illinois

18. (a) Signature of funeral director Shepard Funeral Home

(b) Address 1167 Hamilton Avenue

19. (a) SEP 23 1942 (b) C. E. Moxley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 21, 1942
year 6 hour P minute M.

21. I hereby certify that I attended the deceased from JAN 24 1942 to Sept 21 1942
that I last saw him alive on Jan 21 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Arterio Sclerosis

Due to 9 Yrs

Other conditions 9 Yrs
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations.....
Of autopsy.....

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

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

(b) Date of occurrence.....

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?
(Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature C. E. Sterling (M. D. or other) M.D.
Address 2050 N. 10th St. Rd. Date signed 9-23-42

107

NOV 16 1945

DEC 1 1945

WI 1751

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 Welford G Burnley
Licensed Embalmer No. 4202
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.