

FILED MAR 10 1948
Registration District No. 348

Primary Registration District No. 1003

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

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 6 weeks
(Specify whether
in this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County St. Louis.
(c) City or town Normandy.
(If outside city or town limits, write "RURAL")
(d) Street No. 7229 N. Bristol.
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ALFRED F. MOBERLY..
3. (b) If veteran, name war none.
3. (c) Social Security No. none.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb'y day 25th.
year 1943. hour 12:30 minute P. M.

4. Sex Male. 5. Color or race White.
6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Myra Moon Moberly.
6. (c) Age of husband or wife if alive 77. years
7. Birth date of deceased December 20th, 1866.
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1/23 1943 to 2/25 1943
that I last saw alive on 2/25 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
76. 2. 5. hr. _____ min.

Immediate cause of death _____
Cerebral Embolism
Due to 2nd Stage Prostatectomy
Due to (Benign)
Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace Highland County, Ohio.
(City, town, or county) (State or foreign country)
10. Usual occupation Insurance Broker.
11. Industry or business W. H. Markham & Co.
12. Name James Moberly.
13. Birthplace Highland Co. Ohio.
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Korman.
15. Birthplace Highland Co. Ohio.
(City, town, or county) (State or foreign country)

Major findings: Prostatic Hypertrophy
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Ralph Moberly.
(b) Address #20 Royal Pl. Ferguson, Mo.
17. (a) Entombment. (b) Date thereof 2/27/1943.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Mausoleum.
18. (a) Signature of funeral director C. R. Lupton & Sons
(b) Address #7233 Delmar Boulevard.
19. (a) FEB 26 1943. (b) J. Budick
(Date received local registrar) (Registrar's signature)

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? _____
(Specify type of place)
While at work? _____ (Specify type of place)
23. Signature Leo S. Ballew (By D. or other)
Address 313 N. 9th Date signed 2/28/43

Century Bldg.
2-3P.M.
CH-8315

2739 N. Grand
JE-3233

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.....

Paul Semmer

Registered Apprentice No. *351*

working under my personal supervision.

Signed *Clarence H. 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.