

Registration District No. **318**

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:  
**5473a Loughborough**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community **32 years**  
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....  
(c) City or town **St. Louis,**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **5473a Loughborough**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **Maria J. Moldovan**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Widowed**

6. (b) Name of husband or wife **Simon** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **January 8, 1882**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**61 8 15** hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business.....

MOTHER FATHER { 12. Name **Anton Burghardt**  
13. Birthplace **Austria**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Elizabeth Blecker**  
15. Birthplace **Austria**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Mary Moldovan**

(b) Address **5473a Loughborough**

17. (a) **Burial** (b) Date thereof **9-25-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Oscar J. Hoffmeister**

(b) Address **4016 Chippewa St.**

19. (a) **SEP 24 1943** (b) **J.F. Briedenk**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **23**  
year **1943** hour **7** minute **2** M.

21. I hereby certify that I attended the deceased from **Jan 4 1943**, 19... to **Sept 23, 1943**, 19...  
that I last saw her alive on **Sept 22, 1943**,  
and that death occurred on the date and hour stated above.

Immediate cause of death.....

**apoplexy** Duration **12 hrs.**

Due to **Hypertension** ?

Due to **arterosclerosis** ?

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 **Tobias J. Buske** (M. D. or other) **M. D.**  
Address **3115 S Grand** Date signed **9-24-43**

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**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.....

*V E Morris*

Licensed Embalmer No. 3360

P. O. Address.....

**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.**