

S. No. 30  
M-10-47  
v. 5-17-39  
I 3906

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

31282

State File No. \_\_\_\_\_

FILED SEP 20 1948 318  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 7811

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

17  
9

1. PLACE OF DEATH:

(a) County St Louis

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

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

(d) Length of stay: In hospital or institution 2 days  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Texas 10?

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

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

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

3. (a) PRINT FULL NAME Norma Jane Moberly  
Norma Jane Moberly

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 5  
year 1948 hour 4 minute 05 A.M.

21. I hereby certify that I attended the deceased from 9-3 1948 to 9-5 1948;  
that I last saw her alive on 9-5 1948;  
and that death occurred on the date and hour stated above.

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased March 16 1932  
(Month) (Day) (Year)

Immediate cause of death Pulmonary edema Duration 5 hrs.

Due to Acute myocarditis 5 days

Due to Rheumatic heart disease 5 yrs.

8. AGE: Years Months Days If less than one day  
16 5 19 hr. min.

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

10. Usual occupation Student

11. Industry or business \_\_\_\_\_

Other conditions Spastic hemiparesis left  
(Include pregnancy within 3 months of death) (with injury)

Major findings:  
Of operations \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

12. Name NORVEL Moberly

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

14. Maiden name Ruth Davis

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

16. (a) Informant Ruth Moberly  
(b) Address Houston, Mo.

17. (a) Burial (b) Date thereof 9-7-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Houston, Mo.

18. (a) Signature of funeral director Albert H. Hoppe  
(b) Address 4700 Washington Blvd.

19. (a) SEP 5 1948 (b) J. F. Bredeck  
(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

Signature James F. Diebel (M. D. or other) MD  
Address Barnes Hospital, Date signed 9-5-48

(Licensed Embalmer's Statement on Reverse Side)

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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..... *W. W. Wilkins*.....

Licensed Embalmer No..... *3575*.....

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.**