

No. 300
-10-47
5-17-39
-1 3906

FILED OCT 9 1948

318

Primary Registration District No. _____

Registrar's No. **8351**

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:
JEWISH HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether

In this community _____
years, months or days)

3. (a) PRINT FULL NAME **LUCILLE MOYSER**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **FEMALE** 5. Color or race **WHITE**

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

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

7. Birth date of deceased **JULY 26 1910**
(Month) (Day) (Year)

8. AGE: Years **38** Months **1** Days **27** If less than one day
hr. _____ min. _____

9. Birthplace **ST. LOUIS MO.**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSE WIFE**

11. Industry or business **AT HOME**

12. Name **THEODORE CAUWELS**

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

14. Maiden name **UNKNOWN**

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

16. (a) Informant **CECIL MOYSER**

(b) Address **1441 A MARCUS**

17. (a) **BURIAL** (b) Date thereof **SEPT. 27, 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **SUNSET BURIAL PK.**

18. (a) Signature of funeral director **Thos. Kutis & Son**

(b) Address **2906 GRAYDIS, ST. LOUIS MO.**

19. (a) **SEP 24 1948** (b) **J. J. Broesech**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **ST. LOUIS**

(c) City or town **ST. LOUIS**
(If outside city or town limits, write "RURAL")

(d) Street No. **1441 A MARCUS**
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **SEPT.** day **23**
year **1948** hour **2:00** minute _____ P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death: **Air Embolism**

Due to _____

Due to _____

Other conditions: **None**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration

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? _____

23. Signature **Patricia E. Taylor Dep Cor**
(Specify type of place) (M. D. or other)

Address **1300 Clark** Date signed **9-24-48**

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

MOTHER FATHER

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.....

James C. Hill

Licensed Embalmer No.....

4347

P. O. Address.....

2906 Travis

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.