

FILED JUL 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21455

State File No. 5620

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>100</u>		Registrar's No. _____				
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>St. Louis</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>0</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Clayton,</u>						
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Johns Hospital</u>				STREET ADDRESS (If rural, give location) <u>412 Polo Drive</u>						
3. NAME OF DECEASED (Type or Print)		a. (First) <u>ELISE</u>		b. (Middle) <u>Louderman</u>		c. (Last) <u>MOFFAT.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6-28-1949</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Oct. 23, 1899</u>		9. AGE (In years last birthday) (If under 1 year: Months) (If under 24 hrs: Hours) (Min.) <u>49</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>- - -</u>			11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John H. Louderman.</u>			13b. MOTHER'S MAIDEN NAME <u>Katharine Switzer.</u>			14. NAME OF HUSBAND OR WIFE <u>James D. Moffat, Jr.</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>James D. Mottat, III.</u>				ADDRESS <u>412 Polo Dr.</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rheumatic heart disease, Aortic + Mitral Valvulitis (infective)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute Rheum Fever</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>						INTERVAL BETWEEN ONSET AND DEATH <u>Symptoms for 4-5 yrs. many yrs ago</u>		
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>956</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>12:05A</u>				
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Hook</u>								
22. I hereby certify that I attended the deceased from <u>6-24</u> , 19 <u>49</u> , to <u>6-28</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>6-28</u> , 19 <u>49</u> , and that death occurred at <u>12:05A</u> m., from the causes and on the date stated above.										
23a. SIGNATURE <u>John J. Hamilton</u>				23b. ADDRESS <u>634 N. Grand</u>		23c. DATE SIGNED <u>6-28-49</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/30/49</u>		24c. NAME OF CEMETERY OR CREMATORY: <u>Bellefontaine Cemetery, St. Louis, Missouri</u>			24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>JUN 29 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Lupton</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>C.R. Lupton & Sons; 7233 Delmar Blvd.,</u>					

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

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.