

FILED DEC 1 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 39076

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9710

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 11	
c. LENGTH OF STAY (In this place) DOA		d. STREET ADDRESS (If rural, give location) 8300 Reilly	
d. FULL NAME OF (If not in hospital or institution, give street address or location) St. Louis City Hosp.			
3. NAME OF DECEASED a. (First) George		b. (Middle) R	
c. (Last) Moffatt		4. DATE OF DEATH (Month) (Day) (Year) Nov. 10-49	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 1889 April 2, 1887
9. AGE (In years last birthday) 62		10. UNDER 1 YEAR Months 7	11. UNDER 18 HRS. Days 8
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) chipper		11. BIRTHPLACE (State or foreign country) Illinois	
10b. KIND OF BUSINESS OR INDUSTRY Ship Yards		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Unk. Moffatt		13b. MOTHER'S MAIDEN NAME unknown	
14. NAME OF HUSBAND OR WIFE Rilla Moffatt		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) # yes # 1	
16. SOCIAL SECURITY NO. # 1		17. INFORMANT'S SIGNATURE OR NAME Mrs. Rilla Moffatt	
18. ADDRESS 8300 Reilly		19. ADDRESS 8300 Reilly	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>This does not mean mode of dying, such as heart failure, asthma, etc. It means the disease, injury or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Hemorrhage (apoplexy)</i>		INTERVAL BETWEEN ONSET AND DEATH 1 hour
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arteriosclerosis</i>		<i>Chronic</i>
	DUE TO (c) <i>Chronic interstitial nephritis</i>		<i>Chronic</i>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 97
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 351A

22. I hereby certify that I attended the deceased from *Jan 73, 1949*, to *Oct 15, 1949*, that I last saw the deceased alive on *Oct 15, 1949* and that death occurred at *7 a.* m., from the causes and on the date stated above.

23a. SIGNATURE <i>Paul C. [Signature]</i>	(Degree or title) <i>med</i>	23b. ADDRESS <i>7702 Brown Ave</i>	23c. DATE SIGNED <i>11/10/49</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	24b. DATE <i>11-12-49</i>	24c. NAME OF CEMETERY OR CREMATORY <i>National Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Lemay 23, Mo.</i>

25. FUNERAL DIRECTOR'S SIGNATURE <i>J.B. [Signature]</i>	ADDRESS <i>Fendler Und. Co., 7420 Michigan Ave.</i>
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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.....

*W 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.

Bureau of Vital Statistics  
Room 10, Municipal Courts Bldg.  
St. Louis, Mo.

39076-49

Gentlemen;

I am requesting that the age of my deceased husband, George R. Moffatt, be changed on his death certificate to read April 2, 1889. At the time of his death I became confused and gave the Funeral Director the incorrect age. I am herewith attaching the Insurance policy which has the correct age.

Yours truly,

X Rilla Moffatt

Rilla Moffatt, wife  
8300 Reilly  
St. Louis 11, Mo.

St. Louis, Mo.

~~XXXXXXXX~~

December 1, 1949

Subscribed and sworn before me the above named  
RILLA MOFFATT, this 1st day of December, 1949

Oliver E. Lendles  
Notary Public

My commission expires Dec. 20, 1951

