

FILED APR 26 1954

STANDARD CERTIFICATE OF DEATH

State File No. 14425

| | | | | | | | |
|--|-------------------------------|---|--|--|---|--|---------------------------------------|
| BIRTH NO. _____ | | REG. DIST. NO. <u>317</u> | | PRIMARY REG. DIST. NO. <u>547</u> | | Registrar's No. <u>930</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> ad. ab. st. on. | | | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Richmond Heights</u> | | c. LENGTH OF STAY (in this place) <u>5 DAYS</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brentwood 17571</u> | | | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) <u>1435 Kenilworth</u> | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) <u>MARSHALL</u> | | b. (Middle) <u>Curtis</u> | | c. (Last) <u>Moulton</u> | |
| 4. DATE OF DEATH | | (Month) <u>Apr.</u> | | (Day) <u>17,</u> | | (Year) <u>1954</u> | |
| 5. SEX <input checked="" type="radio"/> Male | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>8/30/1921</u> | 9. AGE (In years last birthday) <u>32</u> | IF UNDER 1 YEAR Months <u>7</u> Days <u>17</u> | IF UNDER 24 HRS. Hours <u>17</u> Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tool & Die Maker</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Perfection Tool Co</u> | | 11. BIRTHPLACE (State or foreign country) <u>Medford Mass.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Harley C. Moulton</u> | | 13b. MOTHER'S MAIDEN NAME <u>Gertrude May Marshall</u> | | 14. NAME OF HUSBAND OR WIFE <u>Mary Frances Dunlap</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> | | 16. SOCIAL SECURITY NO. <u>World War # 2 498-12-2890</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mary Frances Moulton</u> | | ADDRESS <u>1435 Kenilworth</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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Carcinoma</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>6 Mo</u> | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) <u>Lesions of Intestine</u> | | DUE TO (c) | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input checked="" 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) <u>178X</u> (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR | | | |
| 22. I hereby certify that I attended the deceased from <u>July</u> , 19 <u>53</u> , to <u>4/17/54</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>4/17/54</u> , 19 <u>54</u> , and that death occurred at <u>1:00 P.</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>William A. Knight</u> (Degree or title) <u>M. D.</u> | | | | 23b. ADDRESS <u>4161 Lindell Blvd.</u> | | 23c. DATE SIGNED <u>4/18/54</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>4/20/54</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Sunst Park</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis County Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>4/20/54</u> | | REGISTRAR'S SIGNATURE <u>Robert K. Spink M.D.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Ambruster Mortuary</u> ADDRESS <u>6633 Clayton Rd.</u> | | | |

(Licensed Embalmer, Statement on Reverse Side)

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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed *Ernest W. Spillers*

Licensed Embalmer No. *4080*

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.