RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-030957
STATE FILE NUMBER

FILED VS AUG 26 1959 Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2230

DED

1. PLACE OF DEATH
a. COUNTY ST LOUIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CLAYTON — Length of stay in 1b: 3 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST LOUIS CO HOSPITAL — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY ST LOUIS
c. CITY OR TOWN OVERLAND 14 — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 8233 BRENNER — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First: Carl Middle: WASHINGTON Last: MoFFitt
4. DATE OF DEATH Month: 8 Day: 16 Year: 59
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 5-9-1907
9. AGE (last birthday): 52 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MECHANIC
10b. KIND OF BUSINESS OR INDUSTRY: SANDERS BRAKE CO
11. BIRTHPLACE (City and state or country): WELLSTON MO
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: George MOFFITT
13b. MOTHER'S MAIDEN NAME: SARAH CARTER
14. NAME OF HUSBAND OR WIFE: PHILOMENA MOFFITT
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 489-01-0613
17. INFORMANT: PHILOMENA MOFFITT — Address: 8233 BRENNER

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Acute Pulmonary Edema	1 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Myocardial Infarction	3 days
DUE TO (c)	Arterio sclerotic Heart Disease	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☑ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 8-13-59 to 8-16-59 and last saw her/him alive on 8-16-59
Death occurred at 6:35 Pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Paul W. Schoper M.D.
22b. ADDRESS: 601 So Brentwood Clayton Mo.
22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 8-19-1959
23c. NAME OF CEMETERY OR CREMATORY: MEMORIAL PARK
23d. LOCATION (City, town, or county) (State): ST LOUIS CO MO
24. FUNERAL DIRECTOR: EARL W Willeman — ADDRESS: OVERLAND MO
25. DATE RECD. BY LOCAL REG.: 8-19-59
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Ernest Hellemer

Licensed Embalmer No. 3501

P. O. Address Oakland 14 Ca

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.