

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

42745

1. PLACE OF DEATH

County.....
Township.....
City..... *St Louis*

Registration District No.
Primary Registration District No.

File No.
Registered No. **12665**
St. Ward)

2. FULL NAME

(a) Residence, No. St. *12* Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *Single*
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept. 23 - 1849*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 3 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired - laborer*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
93C 97 111

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Berlin Germany*

MOTHER FATHER 13. NAME *Jacob Henry Moor*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Berlin Germany*

15. MAIDEN NAME *Mrs Marie Lambert*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Berlin Germany*

17. INFORMANT *C. Bergmann*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Johns* DATE *12-24-31*

19. UNDERTAKER (ADDRESS) *1144 St. Schumacher 4834 National Reside*

20. FILED *DEC 24 1931* Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *December 24, 1931*

22. I HEREBY CERTIFY, That I attended deceased from *Sept. 10*, 1931, to *December 24*, 1931

I last saw him alive on *December 23*, 1931. Death is said to have occurred on the date stated above, at *5 A.* m.

The principal cause of death and related causes of importance were as follows:

Hypostatic pneumonia Date of onset *Dec 19/31*
arterio sclerosis (general)

Other contributory causes of importance: *Myocarditis Chronic*

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) *E. F. Uhler*, M. D.

(Address) *802 Metropolitan Bldg. St Louis, Mo*

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

