REC'D MAR 24 1938

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

Do not use this space. 8179

1. PLACE OF DEATH
(a) County St. Louis — Registration District No. 96
(b) Township Carondelet — Primary Registration District No. — Registered No. 271
(c) City ~~Jefferson Barracks~~ (d) Street No. Vet. Hosp. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Tim Moos 2.00
(a) Residence, No. Route 3 St. Lufkin, Texas
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. Fannie Moos

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 10, 1894

7. AGE: YEARS 43 — MONTHS 8 — DAYS 29 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as saw mill, bank, etc.: CCCCamp
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lincoln, Illinois

FATHER
13. NAME: - Moos
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Springfield, Illinois.

MOTHER
15. MAIDEN NAME: Susan Howard
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): County Clair Ireland

17. INFORMANT (ADDRESS): ACting Cl. Clerk, VAF, Jefferson Brks, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE ~~C. Hoffmeister~~ Duskin Texas DATE 2-10 1938

19. FUNERAL DIRECTOR (ADDRESS): C. Hoffmeister L & U co 7814 S. Broadway.

20. FILED 2-10 1938 T. R. Meyer M.D. Local Registrar. R.P.H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 9 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2:50pm.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Railroad accident. History of having falling under wheels of railroad rolling stock.	2/8/38
Other contributory causes of importance: Accidental amputation left foot with shock and hemorrhage.	2/8 38

Name of operation: None — Date of:
What test confirmed diagnosis? Physicial Signs — Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident — Date of injury 2/8, 1938
Where did injury occur? Anna, Illinois (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Place
Manner of injury: Fell under R.R. car wheels.
Nature of injury: Amputation of left foot.

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) John O'Connell, M. D.
(Address) Coroner of St. Louis County

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, George H. Hoffmeister, Licensed Embalmer No. 2426

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Virgil Berryman

L. E. No. 4008

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed Geo H. Hoffmeister

Licensed Embalmer No. 2426

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.)