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P1 X21402

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FEB 29 12 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

5219
2049

State File No. _____
Registrar's No. _____

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Hospital, #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Days
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")
(d) Street No. 2207 So. 7th. St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 24,
year 1940 hour 9:15 minute _____ P. M.
21. I hereby certify that I attended the deceased from February
19, 1940 to February 24, 1940
that I last saw him alive on February 24, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Multiple fusurculosis 13 days
Due to Diabetes mellitus ?
Due to _____
Other conditions Diets primary retention
(Include pregnancy within 3 months of death)

Duration
Physician
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Jacob Moyer
3. (b) If veteran, name war Unknown
3. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec. 1 1861
(Month) (Day) (Year)

8. AGE: Years 78 Months 2 Days 23
If less than one day _____ hr. _____ min.

9. Birthplace Penn.
(City, town, or county) (State or foreign country)

10. Usual occupation Unknown

11. Industry or business _____

MOTHER FATHER
12. Name Edward Moyer
13. Birthplace Penn.
(City, town, or county) (State or foreign country)
14. Maiden name Escher Mueller
15. Birthplace Penn.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Radeky
(b) Address Shriners Lodge

17. (a) Removal (b) Date thereof 2-29-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Lebanon Cemetary

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) FEB 29 1940 (b) _____
(Date received local registrar) (Signature)

Major findings: _____
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Robinson J. I. (M. D. or other) _____
Address 1515 Lafayette Date 2/26/40

WRITE PLAINLY—USE 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.....

Registered Apprentice No.....

working under my personal supervision.

Signed

Albert G. Hayes

Licensed Embalmer No. 2971

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, above space should be left blank.