

FILED OCT 13 1944

Registration District No. **318**

Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis Children's
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 days
(Specify whether life, years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3023 NORTH MARKET
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country ()

3. (a) PRINT FULL NAME Jerry Moyers

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased 7 3 1936
(Month) (Day) (Year)

8. AGE: Years 8 Months 3 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation STUDENT

11. Industry or business _____

MOTHER FATHER { 12. Name Carl Moyers

13. Birthplace Madison County, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Nellie Kemp

15. Birthplace Madison County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant CARL MOYERS

(b) Address 3023 NORTH MARKET

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10/7/44
(Month) (Day) (Year)

(c) Place: burial or cremation Fredrick Town Mo. by MOTOR

18. (a) Signature of funeral director J. W. McLaughlin

(b) Address 2301 Lafayette

19. (a) OCT 6 1944 (Date received local registrar) J. F. Brueck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 5 year 44 hour 12 minute 19 AM

21. I hereby certify that I attended the deceased from 9-20-44, 19____, to 10-5-44, 19____; that I last saw him alive on 10-5-44, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Degeneration
Bronchopneumonia

Duration 3 1/2 years
1 wk

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 107

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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) (c) Mode of injury ()

23. Signature Gilbert B. Forbes (M. D. or other) _____

Address 500 8th St. Springfield Date signed _____

1001 30
7:21 AM NTHA 1003
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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 L. R. Cooper
Licensed Embalmer No. 3633
P.O. Address 2317 Lafayette

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.