

No. 2
-12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11847

State File No. _____

Registration District No. 317

Primary Registration District No. 2002

Registrar's No. 596

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
7023 Forsythe Blvd.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town University City
(If outside city or town limits, write "RURAL")

(d) Street No. 7023 Forsythe Blvd.
(If rural, give location)

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

3. (a) PRINT FULL NAME Harry Lee Moyler Jr.

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex DM. 5. Color or race W.

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: July 17th., 1927
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	19	7	27	hr. _____ min.

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

10. Usual occupation Nil

11. Industry or business _____

MOTHER FATHER { 12. Name Harry Lee Moyler

13. Birthplace Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Amelia Cella

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

16. (a) Informant Mrs. Amelia Moyler

(b) Address 7023 Forsythe Blvd.

17. (a) Burial (b) Date thereof: 8-17-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salvatory

18. (a) Signature of funeral director Arthur J. Lindell

(b) Address 3840 Lindell Blvd.

19. (a) 3-17-47 (b) Ruth J. Allen
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14th.,
year 1947 hour 8 minute 35 a. M.

21. I hereby certify that I attended the deceased from November 4,
1946 to _____, 19____;

that I last saw him alive on March 13, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Tumor of Brain, Glioblastoma Multiforme

Duration Uncertain

Due to _____

Due to _____

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

Major findings: Confirmed diagnosis given above.

Of operations _____

Of autopsy On 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)

(e) Means of injury _____

23. Signature G. O. Brown (M. D. or other) M.D.

Address 1325 S. Grand Blvd. Date signed 3/14/47

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

AUG 19 1947

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 W H Van Matre
Licensed Embalmer No. 2825
P. O. Address 4340 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.