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

Do not use this space.

2576

1. PLACE OF DEATH

County..... Registration District No. 791 File No. 7

Township..... Primary Registration District No. 1003 Registered No. 128

City St. Louis (No. 5136 Vernon Ave. St. ..... Ward)

2. FULL NAME Frank L. Moe

(a) Residence. No. 5136 Vernon Ave. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9-23-1863

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64	3	11	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Railroad Man

(b) General nature of industry, business, or establishment in which employed (or employer) Miss Marion Bargstine

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Canada

PARENTS

10. NAME OF FATHER George Moe

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Canada

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Canada

14. INFORMANT Mrs. L. Maude Moe
(Address) 5136 Vernon Ave

15. FILED JAN - 4 1928 Maude Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 4th 1928

17. I HEREBY CERTIFY, That I attended deceased from July 1927 to Jan 4 1928 that I last saw him alive on Jan 3, 1928, and that death occurred, on the date stated above, at H. A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Angina Pectoris
9HA
97
..... (duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis
..... (duration) 3 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) Milton Hall M. D
, 19 (Address) Humbolt Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Valhalla Rest Tomb — DATE OF BURIAL 1-4 1928

20. UNDERTAKER Alexander & Sons — ADDRESS 6175 Delmar

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.

Humboldt Bldg. [illegible] 6[illegible]