

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.

Dr. Moskoff
 3554 Victor St

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

Do not use this space.
 10642

1. PLACE OF DEATH
 County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis (No. 34533 Sidney) St. _____ Ward _____
2. FULL NAME
 (a) Residence. No. 34533 Sidney St., 17 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 female **4. COLOR OR RACE** white **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** married
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lawrence E. Fay
6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 14 1881
7. AGE YEARS 46 MONTHS 8 DAYS 18 If LESS than 1 day, ____ hrs. or ____ min.
8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work at home
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maine
10. NAME OF FATHER Edward Loving
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) unknown
12. MAIDEN NAME OF MOTHER do
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) do
14. INFORMANT Lawrence E. Fay
 (Address) 34533 Sidney
15. FILED 1928 Mar 6 Stark REGISTERED

MEDICAL CERTIFICATE OF DEATH
16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/2 1928
17. I HEREBY CERTIFY That I attended deceased from Feb 28 1928 to March 2, 1928 and that I last saw her alive on 3/2 1928 at 225 P. m. and that death occurred, on the date stated above, at _____ m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho-pneumonia
107A (duration) yrs. mos. ds. 5
CONTRIBUTORY (SECONDARY) OTM (duration) yrs. mos. ds. _____
18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.
19. DID AN OPERATION PRECEDE DEATH. NO DATE OF _____
20. WAS THERE AN AUTOPSY? NO
WHAT TEST CONFIRMED DIAGNOSIS? None
3/2 1928 (Signed) P. Moskoff M. D.
 (Address) 3554 Victor St.
 *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 Walhalla Crematory **DATE OF BURIAL** 3/5 1928
20. UNDERTAKER A. Ellis Sneed **ADDRESS** _____

