

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

Do not fill in this space.
15489
45220
File No.
Registered No. **4430**

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City St. Louis (No. 6116, Easton Ave)

2. FULL NAME

George H. Moffitt
(a) Residence. No. 2311 North Washington Rd. Ward. St. Louis 6. Mo.
(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 male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah L. Moffitt.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 18-1867

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>61</u>	<u>0</u>	<u>3</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Range maker
(b) General nature of industry, business, or establishment in which employed (or employer) Wrought Iron R.C.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ?
(STATE OR COUNTRY) Illinois

10. NAME OF FATHER A. Moffitt

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY)

14. INFORMANT Mar. W. L. Moffitt
(Address) 2311 North Washington Ave

15. FILED FR 23 1928 Mar. C. Starkley
19..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 21 1928

17. I HEREBY CERTIFY, That I attended deceased from Apr. 14, 1928, to Apr. 21, 1928, and that I last saw him alive on April 21, 1928, and that death occurred, on the date stated above, at 9:30 P. M.

THE CAUSE OF DEATH WAS AS FOLLOWS:**

93C
99
90B
Myocarditis (chronic)
arteriosclerosis
(duration) Do not know

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Chester A. Poe, M. D.

Apr. 23, 1928 (Address) 6123 Easton Ave

*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 Lake Charles Cem. DATE OF BURIAL 4-24 1928

20. UNDERTAKER Geo. L. Pleitsch ADDRESS 5966 Easton Ave.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

