

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

Do not use this space.

**1. PLACE OF DEATH**

County St. Louis  
Township .....  
City St. Louis (No. ....)

Registration District No. 791  
Primary Registration District No. 1003

File No. 21830  
Registered No. 5943  
St. .... Ward)

**2. FULL NAME**

(a) Residence. No. 1817 S. 12th St. 23 Ward.  
(Usual place of abode)  
Length of residence in city or town where death occurred 24 yrs. 1 mo. — da. How long in U.S., if of foreign birth? life mes. — da.  
(If nonresident give city or town and State)

**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 Lena Schlicke

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 3, 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
70 1 28 — — —

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Labor  
(b) General nature of industry, business, or establishment in which employed (or employer) General industrial  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Waterloo  
(STATE OR COUNTRY) Ill

PARENTS

10. NAME OF FATHER Robert Moffitt

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Do not know  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Do not know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Do not know  
(STATE OR COUNTRY)

14. INFORMANT Oscar Moffitt  
(Address) Waterloo Ill

15. FILED UN-2 May 11 1928  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 1 1928

17. I HEREBY CERTIFY, That I attended deceased from June 1 1928, to June 1 1928, and that I last saw him alive on June 1 1928, and that death occurred, on the date stated above, at 11A, m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Myocarditis Chronic  
Chronic Intestinal Nephritis  
131  
93C (duration) yrs. mos. da.  
CONTRIBUTORY Hemiplegia cause  
(SECONDARY) unknown (duration) 12 yrs. 7 mos. da.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....  
DATE OF.....  
WAS THERE AN AUTOPSY?.....  
WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) A. P. Smith, M. D.  
, 19 (Address) 1331 So 12th

\*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 Waterloo Ill Cemetery DATE OF BURIAL June 4 1928

20. UNDERTAKER Aug M Wagner ADDRESS Waterloo Ill

N. B.—Every item of information 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.

