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

Do not use this space.

12521

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. 1003 Registered No. 3045

City St. Louis (No. Home for the Aged. St. ..... Ward)

2. FULL NAME George Moses

(a) Residence. No. 3400 So. Grand Blvd. St., 16 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 Bertha Moses

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dont Know abt 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About 67	Unknown		

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Day-laborer
(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) Syria.

PARENTS

10. NAME OF FATHER George Moses.

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

12. MAIDEN NAME OF MOTHER Dont Know,

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

14. INFORMANT Tina Sissin
(Address) 3980 Neosho Street

15. FILED ..... 19.. Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH 3/9

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 9 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1929 to March 9, 1929 that I last saw him alive on March 2, 1929, and that death occurred, on the date stated above, at 6 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS: 6 A.M.

Aortic Stenosis
92 A
37
(duration) yrs. 3 mos. 9 ds.

CONTRIBUTORY (SECONDARY) Arteria Sclerosis
(duration) yrs. 3 mos. 9 ds.

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) [signature], M. D
3/11, 1929 (Address) 3165 S. Grand

*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	DATE OF BURIAL
SS. Peter & Paul Cemetery	Mar. 11 29

20. UNDERTAKER	ADDRESS
J. H. Gibbons Laws H. Co.	2842 Meramec

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.

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