

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

Do not use this space.

34406

1. PLACE OF DEATH

County St. Louis Mo. Registration District No. 1003
 Township St. Anthony Hosp. Primary Registration District No. 1003
 City St. Louis Mo. (No. St. Anthony Hosp.) St. 2 Ward 2

File No. 34406
 Registered No. 9763

2. FULL NAME

Harry Moeslein
 (a) Residence. No. 5821 Goerner St. 2 Ward 2
 (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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 23-1910

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
20 7 19

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER Edw. Moeslein

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

12. MAIDEN NAME OF MOTHER Anna Thudium

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

14. INFORMANT Edw. Moeslein
 (Address) 5821 Goerner

15. FILED Nov 6 1930 Miss B Starkoff
 19 REGISTER

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 12-1930

17. I HEREBY CERTIFY That I attended deceased from Oct 29 to Oct 12, 1930 that I last saw h. alive on Oct 29, and that death occurred, on the date stated above, at 2:30 p.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Typhoid (Cerebro-spinal)

CONTRIBUTORY (SECONDARY) None (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH St. Louis Mo see ty

1) DID AN OPERATION PRECEDE DEATH? no DATE OF

2) WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Exam cerebrospinal fluid

(Signed) Robert S Warner M. D.
10/13, 1930 (Address) 585 Tracy Bldg St. Louis Mo

*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 Sunset Burial Pl. DATE OF BURIAL 10-15-1930

20. UNDERTAKER Ziegler Bros ADDRESS 2623 Broadway

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.

APR 9 1954