

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

Do not use this space.

38000

1. PLACE OF DEATH

County.....

Registration District No. 781

Township.....

Primary Registration District No. 1003

City St. Louis

(No. 3791)

Hartford St.

File No.....

Registered No. 11154

St.

Ward)

2. FULL NAME

(a) Residence. No. 3701

Hartford

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

MEDICAL CERTIFICATE OF DEATH

3. SEX

M.

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widower

15. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 24 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1929, to Nov. 24, 1930 that I last saw him alive on 11/24, 1930, and that death occurred, on the date stated above, at 1:15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis Chronic

(duration) 1 yrs. 6 mos. X ds.

CONTRIBUTORY (SECONDARY) Chronic interstitial nephritis
arterio-sclerosis
(duration) 2 yrs. - mos. - ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No. DATE OF -

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) P. G. Moskop, M. D.

11/24, 1930 (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

DATE OF BURIAL

Missouri Crematory

11/27 1930

20. UNDERTAKER

ADDRESS

Hauke & Schmitt

3737 1/2 Grand St.

REGISTRAR [Signature]

FILED NOV 25 1930

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF Bertha H. Moskop
(or) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 5-1860

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

70

7

19

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

Real Estate

(c) Name of employer

Retired

9. BIRTHPLACE (CITY OR TOWN)

St. Louis

(STATE OR COUNTRY)

Mo.

10. NAME OF FATHER

Loring Moskop

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Germany

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Maria Klein

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Germany

(STATE OR COUNTRY)

14. INFORMANT

Dr. P. G. Moskop

(Address)

3701 Hartford St.

15. FILED

NOV 25 1930

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REGISTRAR

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

