

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

Do not use this space.

APR 25 1934

**PLACE OF DEATH**

County ..... Registration District No. 791  
Township ..... Primary Registration District No. 1003  
City St. Louis (No. 1209, Allen av) St. .... Ward)

File No. 10532  
Registered No. 2345

2. FULL NAME Financier Moydell  
(a) Residence, No. 1209 Allen av St. 23 Ward. (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 70 yrs. - mos. - ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank J. Moydell  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-10-1851  
7. AGE YEARS 82 MONTHS 3 DAYS 26 If LESS than 1 day, .....hrs. or .....min.  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bohemia  
13. NAME William Boeck  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bohemia  
15. MAIDEN NAME unknown  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bohemia  
17. INFORMANT William B. Moydell (ADDRESS) 1926 Allen av  
18. BURIAL, CREMATION, OR REMOVAL PLACE S. S. Peter & Paul DATE Mar. 9, 1934  
19. UNDERTAKER Wm. B. Moydell (ADDRESS) 1926 Allen av  
20. FILED J. L. Bredeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 6, 1934  
22. I HEREBY CERTIFY, That I attended deceased from Jan. 9, 1934, to March 6, 1934  
I last saw her alive on March 6, 1934. Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

Diphtheria, Myocarditis, Nephritis, Arteriosclerosis

Date of onset 2-6-34

Other contributory causes of importance:

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....  
If so, specify .....  
(Signed) J. H. Mainwaring, M. D.  
(Address) 2400 N. 9 St.

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.

