MAY 7 [illegible]

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

Do not use this space.

16890

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. 1003 Registered No. 3635

City St. Louis (No. 7624a S. Broadway St. ..... Ward)

2. FULL NAME Rebecca Moyer

(a) Residence, No. 7624-a S. Broadway St., 1 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 9 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)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 31, 1846

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
89	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

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) Allentown, Pa.

FATHER

13. NAME Unavailable

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

17. INFORMANT (ADDRESS) Mrs. C. A. Giddens 7624a So. Broadway

18. ~~BURIAL, CREMATION,~~ OR REMOVAL PLACE Coopersburg, Pa. DATE April 4 1936

19. UNDERTAKER (ADDRESS) C. Hoffmeister U. & L. Co. 7814 S. Bway, St. Louis, Mo.

20. FILED APR 3 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1936, to April 3, 1936

I last saw her alive on April 2, 1936. Death is said to have occurred on the date stated above, at 2 A m.

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

Chronic Pancreatitis Nephritis

Date of onset

[illegible] 4/3/36

Other contributory causes of importance:

Fell 3/25/36 - fracture of right hip

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accept Date of injury 3/25, 1936

Where did injury occur? St. Louis, Mo. (Specify ~~city~~ or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. home

Manner of injury Fall to floor

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) [illegible], M. D.

(Address) [illegible]

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.