

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.

NOV 4

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

Do not use this space.

39579

1. PLACE OF DEATH

County Registration District No. **791**
Township **ST. LOUIS, MO.** Primary Registration District No. **1003**
City (No. **853**) **BARTMER ST.** St. Ward

File No. **10622**
Registered No. St. Ward

2. FULL NAME **THOMAS MOYSER**

(a) Residence, No. **5853 BARTMER** St. **5** 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 **M** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
WIDOWED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **JULY 10, 1865**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 3 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **CARPENTER**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Building**
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) **ENGLAND**13. NAME **WILLIAM MOYSER**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **ENGLAND**15. MAIDEN NAME **ELIZETH WALKER**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **ENGLAND**17. INFORMANT **FRED MOYSER (SON)**
(ADDRESS) **8853 BARTLER**18. BURIAL, CREMATION, OR REMOVAL
PLACE **VALHALLA CEMETERY** DATE **OCT. 23, 1936**19. UNDERTAKER **BULLEN BROS. INC.**
(ADDRESS) **4259 LINDELL BLVD.**20. FILED **NOV 22 1936** **J. F. Bredeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 20, 1936**22. I HEREBY CERTIFY, That I attended deceased from **Oct. 16**, 19**36** to **Oct. 20**, 19**36**.I last saw him alive on **Oct. 20**, 19**36**. Death is said to have occurred on the date stated above, at **9** a.m.

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

Angina Pectoris

Other contributory causes of importance:

Atheromatous degeneration of arteriesName 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? 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 injury24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) **H. G. Fisher**, M. D.(Address) **5902 Maple Ave**

