

JUN 12 1937

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City **St. Louis** (No. **St. John's Hospital** St. Ward)

File No. **18576**  
Registered No. **5152**

2. FULL NAME **Harry Lee Moyler**

(a) Residence, No. **7023 Forsythe Blvd.** St. **NR** Ward. **University City**  
(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) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 16, 1886**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**70** **50** **10** **5**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Chemist Salesman**

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) **Virginia**

13. NAME **Edward T. Moyler**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Virginia**

15. MAIDEN NAME **Agnes Owens**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Virginia**

17. INFORMANT **Mrs. Amelia Moyler**  
(ADDRESS) **7023 Forsythe Blvd.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cemt.** DATE **5-24**, 19**37**

19. UNDERTAKER **Arthur J. Donnelly Undt. Co.**  
(ADDRESS) **3840 Lindell Blvd.**

20. **MAY 24 1937** **J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 21**, 19**37**

22. I HEREBY CERTIFY, That I attended deceased from **May 17**, 19**37**, to **May 21**, 19**37**

I last saw him alive on **May 21**, 19**37**. Death is said

to have occurred on the date stated above, at **9:45 a.m.**

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

**Lobar Pneumonia** Date of onset **May 18 1937**

Other contributory causes of importance:  
**Peripheral Circulatory Failure**  
**Strepto. pneumoniae** **May 18**  
**Peritonitis cause unknown** **1937**

Name of operation **Lapotomy** Date of **May 18 1937**

What test confirmed diagnosis? **X-ray** 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 of injury in any way related to occupation of deceased? **No**

If so, specify **W. H. Huseman** (Signed), M. D.

(Address) **4176 S. Phelan Ave.**

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.

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