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.

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

Do not use this space.

JUN 29 1937

1. PLACE OF DEATH

County Saint Louis — Registration District No. 1123 — File No. 21369

Township Carondelet — Primary Registration District No. 6248B — Registered No. 230

City Jefferson Barracks (No. VAH St. Ward)

2. FULL NAME Arthur MOXTER

(a) Residence, No. 926 South Newstead Ave. St., Ward. Saint Louis, Missouri.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Unkn. 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: Mrs. Cora Moxter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): January 2, 1869

7. AGE: Years 68, Months 4, Days 29. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Paper Hanger
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Unknown
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): St. Clair County, Illinois.

FATHER

13. NAME: Charles Moxter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany

MOTHER

15. MAIDEN NAME: Elizabeth Hilber
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany

17. INFORMANT (ADDRESS): Clinical Clerk M. Schillig VAF Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE National DATE June 3, 1937

19. UNDERTAKER (ADDRESS): Kriegshauser Mortuaries 4228 S Kingshighway

20. FILED June 1, 1937 G. Mowry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1937, to June 1, 1937

I last saw him alive on June 1, 1937. Death is said to have occurred on the date stated above, at 6:45 Am.

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

	Date of onset
Peritonitis following obstruction by carcinoma of sigmoid.	Unkn.
Other contributory causes of importance: Arteriosclerosis of coronary arteries and myofibrosis of the heart.	Unkn.

Name of operation Colostomy Date of 5-31-37

What test confirmed diagnosis? Autopsy findings Was there an autopsy? YES

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) W. L. Fleck, Act. Chief Med. Off. M. D.
(Address) VAF Jefferson Barracks, Mo.