

FILED OCT 21 1942

318

1003

8430

Registration District No.

Primary Registration District No.

Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
FIRMIX DESHAGE HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Madison

(c) City or town Deer Run 62 NR
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location) 9

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country..... 1

3. (a) PRINT FULL NAME Moyer, Joseph

3. (b) If veteran, name war.....

3. (c) Social Security No.

MEDICAL CERTIFICATION

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWER

6. (b) Name of husband or wife..... MOYER 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased DEC 22, 1877
(Month) (Day) (Year)

20. DATE OF DEATH: Month Oct day 9
year 1942 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct. 8
1942, to Oct 9, 1942
that I last saw him alive on Oct 9, 1942
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>10</u>	<u>17</u>hr.min.

Immediate cause of death.....
Characten of myocardium 3 days
Duration

Due to Arteriosclerotic Heart Disease Unseen

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

9. Birthplace..... MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation FARMING

11. Industry or business.....

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN.....
Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name SAMUEL MOYER

13. Birthplace WINNEMUN 9
(City, town, or county) (State or foreign country)

14. Maiden name SARAH CHILTON 9

15. Birthplace WINNEMUN 9
(City, town, or county) (State or foreign country)

16. (a) Informant MRS CHAS. FERGUSON

(b) Address GRANITEVILLE MO

17. (a) BURIAL (b) Date thereof 10/11/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation GRANITEVILLE MO

18. (a) Signature of funeral director Geo. P. L. L. L.

(b) Address Director MO.

19. OCT 9 1942 (b) J. F. Bredeck
(Date received local Registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....
(Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature Wm. C. Macinnell (M. D. or other) U

Address 1325 So. Grand Date signed 10-9-42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. 10/9/42
working under my personal supervision.

Signed Geo. P. Luebel

Licensed Embalmer No. 3475

P. O. Address Quinton Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.