

1. PLACE OF DEATH:

(a) County St. Louis.  
(b) City or town St. Louis.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Christian Hospital.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 Days.  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2722 N. 13th. St.  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME Christ Moog.

3. (b) If veteran, name war No. 3. (c) Social Security No. None.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Late Laura Moog. 6. (c) Age of husband or wife if alive 25 years  
7. Birth date of deceased June 25 1884  
(Month) (Day) (Year)

8. AGE: Years 58 Months 6 Days 20 If less than one day 0 hr. min.

9. Birthplace St. Louis, Missouri. (City, town, or county) (State or foreign country)

10. Usual occupation Merchant.

11. Industry or business

12. Name John Moog.  
13. Birthplace Germany. (City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Neumueller  
15. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elizabeth Metting.

(b) Address 2722a N. 13th. St.

17. (a) Burial Anthony B... Cem. (Burial, cremation, or removal) (b) Date thereof 1-18-43 (Month) (Day) (Year)

(c) Place: burial or cremation Hy. Leidner Und. Co.

18. (a) Signature of funeral director 2223 St. Louis Ave.

(b) Address J. J. Bradeck  
19. (a) JAN 16 1943 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 15 year 1943 hour 12:30 P.M. minute 0

21. I hereby certify that I attended the deceased from Jan 12 1943 to Jan 15 1943  
that I last saw him alive on Jan 15 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, Chronic

Due to Myocarditis, Chronic

Due to Chronic Myocarditis, Chronic

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1/2 H

Of autopsy

Duration 10 da

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? \_\_\_\_\_

While at work? (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. J. Bradeck (M. D. or other) Address 2403 W. 13th St. Date signed 1/16/43

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

MOTHER FATHER

Dr. Pender G 9927

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**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.....  
working under my personal supervision.

Signed Homer L. Pender

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis

**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.