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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUN 23 1944

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20066**  
Registrar's No. **5453**

Registration District No. **318** Primary Registration District No. **1003**

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:  
**Missouro Pacific Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **0** (Specify whether  
In this community **0** years, months or days) (Specify whether

3. (a) PRINT FULL NAME **Charles G. Moyer**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **702-14-1742**

4. Sex **Male** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Mary Louise Moyer** 6. (c) Age of husband or wife if alive **40** years  
7. Birth date of deceased **April 8th, 1908**  
(Month) (Day) (Year)

8. AGE: Years **41** Months **2** Days **6** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **St. Louis, Mo. 1**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Pension Investigator**

11. Industry or business **Missouri Pacific R.R.**

12. Name **John Moyer**

13. Birthplace **Dont Know** 9  
(City, town, or county) (State or foreign country)

14. Maiden name **Martha Felix**

15. Birthplace **Pana, Ill. 1**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mary Louise Moyer**

(b) Address **3243 N. 20th. St.**

17. (a) **Burial** (b) Date thereof **6-17-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park Cemetery**

18. (a) Signature of funeral director **Provost Und. Co.**

(b) Address **3710 N. Grand Blvd.**

19. (a) **JUN 16 1944** (b) **J. F. Bredack**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **000**  
(c) City or town **St. Louis** **26 17 9**  
(If outside city or town limits, write "RURAL"  
(d) Street No. **3243 N. 20th. St.**  
(If rural, give location)  
(e) Citizen of foreign country? **0** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **June** day **14th.**  
year **1944** hour **9:40** minute **P.** M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

Immediate cause of death **cardiac apoplexy fracture**  
**left clavicle, chronic interstitial**  
**degenerative suppurative rhinocerebral**  
**osteomyelitis and fistula to the floor**  
**in the bed room of his home**  
**at 3243 N. O. 20th St. June 12**  
**1944 about 6:30 AM.**

Other conditions **186**  
(Include pregnancy within 3 months of death) **18**

Major findings: Of operations \_\_\_\_\_

Of autopsy **6**

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

(a) Accident, suicide, or homicide (specify) **Accident 000**

(b) Date of occurrence **June 13, 1944**

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**Home**

While at work? **no** (Specify type of place) (e) Means of injury **fall**

23. Signature **J. F. Bredack** (M. D. or other)  
Address **Regent's Co.** Date signed **6/16/44**

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

**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 *Robert L. Brinkman*

Licensed Embalmer No. *3553*

P. O. Address *3710N Grand*

**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.**