FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 16 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2880

Primary Registration District No. 1003

Registrar's No. 105

WRITE PLAINLY—USING 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 Barnes Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State California (b) County 999
(c) City or town Burbank (If outside city or town limits, write "RURAL") 4
(d) Street No. 1608 Alamanda (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No) N. R. 2
If yes, name country

3. (a) PRINT FULL NAME Ruth G. Moyer
3. (b) If veteran, name war No
3. (c) Social Security No. 184-16-7040
4. Sex Female
5. Color or race White
6. (a) *Single, widowed, married, divorced Married
6. (b) Name of husband or wife Guy Moyer
6. (c) Age of husband or wife if alive 41 years
7. Birth date of deceased December (Month) 25 (Day) 1909 (Year)

8. AGE: Years 38 Months 0 Days 6 If less than one day hr. min.
9. Birthplace Alexandria (City, town, or county) Penn. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name George S. Gardner Sr.
13. Birthplace Penn. (City, town, or county) (State or foreign country)
14. Maiden name Ida Jane Wilson
15. Birthplace Penn. (City, town, or county) (State or foreign country)
16. (a) Informant Miss Isabel Gardner
(b) Address Alexandria, Penn.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/3/48 (Month) (Day) (Year)
(c) Place: burial or cremation Huntingdon, Pennsylvania
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.,
19. (a) JAN 5 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 1 year 1948 hour minute 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: Fracture declavicle Cervicle Vertebra Compound Fracture left leg When a Jeep driven by one Francis Edmond Burke Struck him the Jeep overran and Struck into the Parked mobile driven by Rev. Guy Emmanuel Moyer in which the deceased was a passenger in Highway 66 1-67 2 1/2 Miles South of Huntingdon Pa. Pennsylvania Accident

Duration: 2 mo

(Including pregnancy within 3 months of death)
Manner of death: Accident
Of operation: Yes Pennsylvania Hospital 2/4/48 On Jan. 1, 1948
Of autopsy

PHYSICIAN: Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Jan 1 1947
(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) Public Highway
While at work? (e) Means of injury Auto
23. Signature Patrick E. Taylor Dep Cor (or D. O. or other)
Address 1300 Clark Date signed 1-5-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 J. Allen Davis Jr

Licensed Embalmer No. 4053

P. O. Address 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.