S. No. 300
M—10-47
5-17-39
I 3906

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

FEDERAL SECURITY AGENCY #82761
National Office of Vital Statistics
FILED APR 30 1948
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 114476
Registrar's No. 3736

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff
(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 Mo (b) County 000
(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1619 MISSOURI AV. 9
(If rural, give location)
(e) Citizen of foreign country? 23 (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME PHILLIP MOYER
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M, 0
5. Color or race W,
6. (a) Single, widowed, married, divorced INFANT 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased JANUARY (Month) 12 (Day) 1947 (Year)

8. AGE: Years 1 Months 3 Days 7 If less than one day hr. min.

9. Birthplace (City, town, or county) MISSOURI (State or foreign country) 0
10. Usual occupation INFANT
11. Industry or business
FATHER
12. Name EUGENE MOYER
13. Birthplace (City, town, or county) MISSOURI (State or foreign country) 0
MOTHER
14. Maiden name BETTY JENKINS
15. Birthplace (City, town, or county) MISSOURI (State or foreign country) 0
16. (a) Informant Eugene Moyer
(b) Address 1619 Missouri Av
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Apr. 20-48 (Month) (Day) (Year)
(c) Place: burial or cremation GRANITEVILLE Mo.
18. (a) Signature of funeral director E. J. Schnur
(b) Address 3125 Lafayette Av.
19. (a) APR 20 1948 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19th
year 1948 hour 10 minute A M.
21. I hereby certify that I attended the deceased from 2/20/48, 19, to April 19th, 1948
that I last saw him alive on April 19th, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculous Meningitis
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 14
Major findings: Of operations Refused
Of autopsy

Duration

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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature Joseph C. T. Bledsoe (M.D. or other)
Address 1515 Lafayette 4/19/48 Date signed

(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 Jos B Wollman

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette Ave

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.