

FEB 12 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

677

1. PLACE OF DEATH

County .....  
Township .....  
City St Louis

Registration District No. 791  
Primary Registration District No. 1003  
(No. 2513 N, Broadway)

File No. ....  
Registered No. 533  
St. .... Ward)

2. FULL NAME

Charles Moses

(a) Residence, No. 2513 N, Broadway St. 26 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Male | White | Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Divorced

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 26<sup>th</sup> 1875

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
62 ----- 4 ----- 20 --

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Huckster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis

MOTHER FATHER

13. NAME Charles Moses

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis

15. MAIDEN NAME Ester Carter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis

17. INFORMANT Laura Leby (ADDRESS) 2513 N, Broadway

18. BURIAL, CREMATION, OR REMOVAL PLACE Frederick Cem. DATE Jan 17<sup>th</sup> 1938

19. UNDERTAKER Edward Koch (ADDRESS) 3516 N 14<sup>th</sup> St

20. FILE JAN 17 1938 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH  
NO PHYSICIAN IN ATTENDANCE

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/15/38 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 1:15 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Arteriosclerosis

Other contributory causes of importance:

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? NO  
If so, specify.....

(Signed) J. Bredeck  
(Address) Deputy Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

Em. Blank signed