

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

Do not use this space.

16212

1. PLACE OF DEATH  
 County St. Louis Registration District No. 789  
 Township Central Primary Registration District No. 6033  
 City Jewish Sanatorium, Anglum Mo. (No. 146 Ward)

2. FULL NAME Harry Moss  
 (a) Residence No. 1346 Blackstone St. St. Louis Mo. Ward. St. Louis Mo.  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 1879

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
47 7

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Grocer  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Roumania

10. NAME OF FATHER Moses Moss

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Roumania

12. MAIDEN NAME OF MOTHER Naomi Siegel

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Roumania

14. INFORMANT Mrs. Vilhe Moss (Address) 1346 Blackstone

15. FILED 5/20 1927 Wm. Decey M.D. REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5/19 1927

17. I HEREBY CERTIFY That I attended deceased from 5/18, 1927, to 5/19/27, 1927, and that I last saw him alive on 5/19/27, 1927, and that death occurred, on the date stated above, at 4:15 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Pulmonary Tuberculosis  
Case of Lung  
475 Key (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Septic pneumonia (duration) yrs. mos. da.

18. WHERE DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Edward Kaplan, M.D.

5/19, 1927 (Address) Jewish Sanatorium

\*State the DISEASE CAUSING DEATH, or in death from VIOLENCE, GUNSHOT, (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL CHESED SHEL EMET DATE OF BURIAL 5/20 1927

20. UNDERTAKER H. B. Berger ADDRESS 715 McPherson

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

