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

Do not use this space.

16212

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 602

City St. Joseph, (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME Moses A. Schloss,

(a) Residence. No. Rm 9 Old Corby Bldg. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. 3 mos. 14 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	Single,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 25, 1863

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	65	3	14	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Real Estate,

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self,

9. BIRTHPLACE (CITY OR TOWN) St. Joseph,
(STATE OR COUNTRY) Missouri,

PARENTS

10. NAME OF FATHER Aaron Schloss,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Weisbach,
(STATE OR COUNTRY) Germany,

12. MAIDEN NAME OF MOTHER Mellanie Strauss

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Lumenburg,
(STATE OR COUNTRY) Belgium

14. INFORMANT J. A. Schloss
(Address) 2516 Jule Street,

15. FILED MAY 11 1928 19 John G. Jth REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 9th 1928

17. I HEREBY CERTIFY, That I attended deceased from May 6th, 1928, to May 9th, 1928, that I last saw him alive on May 9th, 19, and that death occurred, on the date stated above, at 12:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Pulmonary Oedema

57 59 111B

(duration) yrs. mos. 3½ ds.

CONTRIBUTORY (SECONDARY) Diabetes Mellitus

(duration) 18 yrs. mos. — ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? St Edmond (Corby Bldg)

DID AN OPERATION PRECEDE DEATH? — DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Frederick Eliscu, M. D

May 10, 1928 (Address) 720 Francis

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF ~~BURIAL~~, CREMATION, ~~OR REMOVAL~~	DATE OF BURIAL
Kansas City, Mo. via auto	May 13 1928

20. UNDERTAKER	ADDRESS
Heaton B. & Gale & Bowman by J. W. Karle	319 S. 10 St. Funeral Home

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.