WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

42523

File No. .....
Registered No. 11758

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 003
City St. Louis, (No. Alexian Bros. Hospital. St. ..... Ward)

2. FULL NAME August Gmoser.

(a) Residence. No. 4652 Nebraska Avenue St., 15 Ward. .....
(Usual place of abode) (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	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 28.1890.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
38	3	3	

8. OCCUPATION OF DEECEASED 108
(a) Trade, profession, or particular kind of work Baker. 131
(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) Austria.

PARENTS

10. NAME OF FATHER Joseph Gmoser.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Austria.
12. MAIDEN NAME OF MOTHER Cecilia Bandl.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Austria.

14. INFORMANT Rose M. Gmoser
(Address) 4652 Nebraska Avenue.

15. FILED ..... 19.. Mary C. Stander REGISTRAR

MEDICAL CERTIFICATE OF DEATH 2 12/1

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 1 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 21, 1928, to Dec 1, 1928, that I last saw him alive on Dec 1, 1928, and that death occurred, on the date stated above, at 2:15 P.M. 2:15 PM

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

(duration) ..... yrs. 5 mos. ..... ds.

CONTRIBUTORY (SECONDARY) Chronic Interstitial Nephritis

(duration) ..... yrs. 6 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

0 DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? .....

12/3 (Signed) F W Hunnga, M. D
, 1928 (Address) 3315 S Jefferson Av

*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 Sunset Burial Park. DATE OF BURIAL Dec.4. 1928

20. UNDERTAKER J. H. Gibson L. Lab. N. Co ADDRESS 2842 Meramec