

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

Do not use this space.

3921

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City St. Louis, Mo. No. 5600 Arzenal

File No.....
Registered No. **531**
St. 24th Ward

2. FULL NAME Thelma Mosier

(a) Residence. No. 709 So. Boyle Ave. St. 18 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred — yrs. 10 mos. 7 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)

Female White Single

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

X

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 4-1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 10 7

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) City St. Louis
(STATE OR COUNTRY) Mo

10. NAME OF FATHER James L. Mosier

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

12. MAIDEN NAME OF MOTHER Katherine Selzer

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

14. INFORMANT Miss M. Headrick
(Address) Isolation Hospital

15. FILE NO. IAN - 8, 1929 May C. Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/11 1929

17. I HEREBY CERTIFY, That I attended deceased from 1/10, 1929, to 1/11, 1929, that I last saw h. et alive on 1/11, 1929, and that death occurred, on the date stated above, at 6:25 A.M.

15B THE CAUSE OF DEATH* WAS AS FOLLOWS:
07A Myxemia of face & scalp.
Non traumatic cause unknown

(duration) yrs. 10 mos. 10 ds.

CONTRIBUTORY (SECONDARY) Bronchopneumonia

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

18. WHERE WAS DISEASE CONTRACTED, IF NOT AT PLACE OF DEATH 709 S. Boyle Ave.

DID AN OPERATION PRECEDE DEATH? No DATE OF 1/11 1929

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Post mortem
(Signed) Dr. J. H. ... M. D.

1/11, 19 29 (Address) Wood Arsenal St. St. Louis

*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 Valkalla DATE OF BURIAL Jan 12 1929

20. UNDERTAKER Caukruster and Co ADDRESS 4234
W. ...

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.

