

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

Do not use this space.

23286

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1008**
City *St. Louis, Mo.* (No. *4222 Arsenal St.*)..... St. Ward)

File No.
Registered No. **6750**

2. FULL NAME

John Moser
(a) Residence No. *4222 Arsenal St.*, St. *16* 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 *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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Nov. 22 - 1858*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<i>72</i>	<i>6</i>	<i>26</i>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Retired Clerk*
(b) General nature of industry, business, or establishment in which employed (or employer) *Office*
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis, Mo. 1*

10. NAME OF FATHER *Not known*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *Not known*

12. MAIDEN NAME OF MOTHER *Not known*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *Not known*

14. INFORMANT *Mrs Theresa Moser*
(Address) *4222 Arsenal St.*

15. JUN 20 1931 *Max C Starkley*
FILED 19..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *June 18 - 1931*

17. I HEREBY CERTIFY, That I attended deceased from *May 14* to *June 18*, 19*31*, that I last saw him alive on *Sept 17*, 19*31*, and that death occurred, on the date stated above at *6:55 P.M.* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: *52*

Patrol Laceration of
Palatal Tissue of Mouth
Caused by
head on step
CONTRIBUTORY (SECONDARY) *Residence above 15 years*

18. WHERE WAS DISEASE CONTRACTED *Accident ago*

NOT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? *NO* DATE
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *Walter T. Roeding M.D.*
19, 1931. (Address) *4724 Goodrich*

*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 *Valhalla, Cemetery.* DATE OF BURIAL *6-20-1931*

20. UNDERTAKER *Ziegenhein Bros. 2236* ADDRESS *6th Ave*

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.

Handwritten text, possibly a signature or name, written vertically.

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