

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

Do not use this space.

**27033**

**1. PLACE OF DEATH**

County ..... Registration District No. *101*  
Township ..... Primary Registration District No. *1000*  
City *St. Louis* (No. *City Hospital*)

File No. ....  
Registered No. **8238**  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. *3457 Lawton* St. Ward. *B1*  
(Usual place of abode)

Length of residence in city or town where death occurred *Life* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <i>male</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ( <i>write the word</i> ) <i>married</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Feb. 23-1871</i>				
7. AGE	YEARS <i>60</i>	MONTHS <i>5</i>	DAYS <i>4</i>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. <i>Laborer</i>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)			
				11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) <i>St. Louis</i> (STATE OR COUNTRY) <i>Missouri</i>				
FATHER	13. NAME <i>Christ Mosler</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>			
MOTHER	15. MAIDEN NAME <i>Theresa</i>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>France</i>			
17. INFORMANT (ADDRESS) <i>Hospital Information Office</i>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Barrwood</i> DATE <i>7-29-1931</i>				
19. UNDERTAKER (ADDRESS) <i>W.S. Wade Und. Co. 4202 Finney Ave</i>				
20. FILED <i>JUL 29 1931</i>				

Registrar.

**MEDICAL CERTIFICATE OF DEATH**

2. *2*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 27-1931*

22. I HEREBY CERTIFY That I attended deceased from *July 23rd*, 19*31*, to *July 27th*, 19*31*.  
I last saw him alive on *July 27th*, 19*31*. Death is said to have occurred on the date stated above, at *12:30 P.M.*  
The principal cause of death and related causes of importance were as follows:  
*92A*  
*111B*  
*Aortic insufficiency*

Other contributory causes of importance:  
*Hypostatic pneumonia #103*

Name of operation ..... Date of .....  
What test confirmed diagnosis? *Autopsy*. Was there an autopsy? *yes*

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify *J.P. Richardson Md*  
(Signed) *J.P. Richardson* M.D.  
(Address) *City Hospital*

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.

AGE should be

*Handwritten scribble*

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County St. Louis Registration District No. 791  
 Township St. Louis Primary Registration District No. 1003  
 City St. Louis (No. ....) St. .... Ward)

File No. ....  
 Registered No. 8238

**2. FULL NAME**

Louis Mosler  
 (a) Residence, No. .... St. .... 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 <u>M</u>		4. COLOR OR RACE <u>W</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>M</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)					
7. AGE YEARS		MONTHS		DAYS	
				If LESS than 1 day, ..... hrs. or ..... min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)					
FATHER	13. NAME				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)				
MOTHER	15. MAIDEN NAME				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)				
17. INFORMANT (ADDRESS)					
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19...					
19. UNDERTAKER (ADDRESS)					
20. FILED SEP 30 1931 <u>Just C. Parker</u> Registrar					

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27, 1931

22. I HEREBY CERTIFY, That I attended deceased from ..... to ..... 19.....  
 I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.  
 The principal cause of death and related causes of importance were as follows:  
 Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
 Where did injury occur? ..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify ..... (Signed) ..... M. D.  
 (Address) .....

SUPPLEMENTARY

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

S-27033