27 1934

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. 101

791

2970

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 618

City St. Louis Mo (No. City Hospital St. ..... Ward)

2. FULL NAME George J Moser

(a) Residence, No. 3917 No 22nd St., 20 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF the late Anna Moser

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 14 - 1873

7. AGE: YEARS 60 | MONTHS 4 | DAYS 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe last Worker
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) St. Louis Mo

FATHER

13. NAME Mathew Moser
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Mary Zimmerly
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

17. INFORMANT George Moser Jr (ADDRESS) 3917 No 23rd Str

18. BURIAL, CREMATION, OR REMOVAL
PLACE SS Peter & Paul DATE Jan 19th 1934

19. UNDERTAKER Frost & Carroll (ADDRESS) 4600 Nad Bridge

20. FILED 17 1934 J A Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 15th, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9 45 P m.

The principal cause of death and related causes of importance were as follows:

Frac. Skull & lacerated brain rec'd when auto in which he was a passenger hit rear of another car, at 12th & Spruce Sts. about 2:10 A. M. 1/14/34

Date of onset: 2 10 AM

Other contributory causes of importance: Criminal Carelessness

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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 1/14/, 1934

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 Auto collision

Nature of injury Frac. Skull.

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Harold L Schulz, M.D.

(Address) Dep Coroner

1/17/34