

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

Do not use this space.

3161

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. 7781
Primary Registration District No. 11008
No. Westminister (file)

File No.
Registered No. 819
St. Ward)

2. FULL NAME

(a) Residence, No. 1861 Menard 23 Ward.
(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. (If nonresident, give city or town and State)

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 Katharine

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 13 1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
69 10 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) Germany

13. NAME Bernard Mosshornich

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Not Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs. Katharine Mosshornich

18. BURIAL, CREMATION, OR REMOVAL PLACE Frederick DATE Jan. 14 1934

19. UNDERTAKER (ADDRESS) Math. Hermann 49 So. 1st St. St. Louis

20. FILED 1934 Frederick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1934 to Jan 27 1934
I last saw him alive on Jan 27 1934. Death is said to have occurred on the date stated above, at 12:30 a.m.

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

Chronic
arteriosclerotic nephritis
Hypostatic pneumonia

Other contributory causes of importance None

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) W. A. Knight, M. D.
(Address) 6612 Halle Ferry Rd St Louis

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.

