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.

NOV 13 1934

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

Do not use this space.

37958

File No. 10446

Registered No.

Registration District No. 1003

Primary Registration District No. 791

1. PLACE OF DEATH

County

Township

City St Louis (No. 4154 a N Newstead St. Ward)

2. FULL NAME Edmond R Moss

(a) Residence, No. 4154 a N Newstead St., 10 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*): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 15, 1865

7. AGE: Years 69 Months 9 Days 13 If LESS than 1 day, hrs. or min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Health Dept

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 Christian Moss

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

MOTHER

15. MAIDEN NAME Johana Krieger

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

17. INFORMANT Harry Moss
(ADDRESS) 4529 Brandon

18. BURIAL, CREMATION, OR REMOVAL
PLACE MoCrematory DATE Oct 31, 1934

19. UNDERTAKER A. Kron L & M Co
(ADDRESS) 3707 N Grand Blvd

20. FILED OCT 29 1934, 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

Not seen in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 28, 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 6 45 a.m.

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

Date of onset

Fuel-gas poisoning, self-administered at residence, Oct. 28, 34, bet. 10:00 P.M., Oct. 27, 34 & 6:45 A.M., Oct. 28, 1934.

Other contributory causes of importance:

164.8

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

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 10/28, 1934

Where did injury occur? St Louis, Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Fuel-gas poisoning

Nature of injury Asphyxiation

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

If so, specify .....

(Signed) Harold [illegible], M. D.

(Address) [illegible]

10/29/34