

MAR 21 1936

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

Do not use this space.

6013

1. PLACE OF DEATH

County JacksonRegistration District No. 399

File No. _____

Township EastPrimary Registration District No. 1002Registered No. 558City N. C. Mo. (No. St. Mary's Hospital)

St. _____ Ward _____

2. FULL NAME Sydney W. Moserman(a) Residence, No. 1348 1/2 Street, _____ Ward.

(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) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ethel Moserman6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-23-18887. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
55 11 238. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

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) England13. NAME Moserman14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England15. MAIDEN NAME No Record16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England17. INFORMANT G. C. Moserman (ADDRESS) 23 East 32nd St. St. Louis18. BURIAL, CREMATION, OR REMOVAL PLACE Cremation DATE Feb-19-3619. UNDERTAKER Mrs. L. E. Grouter (ADDRESS) 418 Broadway Ave20. FILED 777 1936 M. M. Cronin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb-16-193622. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1936, to Feb 16, 1936I last saw him alive on Feb 16, 1936. 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:

Influenza pneumoniae
acute fulminant
pneumonia
and hemorrhagic
pericarditis

Date of onset _____

Other contributory causes of importance: _____

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 _____, 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) Herbert L. Mantz, M. D.(Address) 814 Medical Arts

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.

Dr. H. H. H. H. H.