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.

JAN 20 1937

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

Do not use this space.

46260

791

1003

File No.

Registered No. 12046

1. PLACE OF DEATH

County

Township

City St. Louis (No. 4320 A Clayton Ave. St. Ward)

Registration District No.

Primary Registration District No.

2. FULL NAME Katherine W. Moser

(a) Residence, No. 4320 A Clayton Ave. St., 18 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: Female

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 Jacob W. Moser

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 1, 1870

7. AGE: Years 66 | Months 10 | Days 5 | 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. Housewife

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) Illinois

FATHER

13. NAME George Funk

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

MOTHER

15. MAIDEN NAME Katherine Maxeiner

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

17. INFORMANT Jacob W. Moser
(ADDRESS) 4320 A Clayton Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Belleville Ill. DATE 12-9, 1936

19. UNDERTAKER Kriegshauser Mortuaries
(ADDRESS) 4104 Manchester Ave.

20. FILED DEC 8 1936 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-6, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1935, to Dec. 3, 1936

I last saw her alive on Dec. 5, 1936. Death is said to have occurred on the date stated above, at 6:30 P.M.

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

Hypostatic Pneumonia — Date of onset Dec. 3rd. 36
Bronchial

131

Other contributory causes of importance:

Nephrotic chronic — Date of onset Jan. 1-36.
Anasarca
Chronic Interstitial Myocarditis

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) 3831 Manchester Blvd.

Dr Houghton
Market St

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