

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

Do not use this space.

AUG - 5 1937

791

25304

1. PLACE OF DEATH

County .....  
Township .....  
City ST. LOUIS

Registration District No. ....  
Primary Registration District No. ....  
Enroute to Hospital # 1

File No. ....  
Registered No. 6475  
St. .... Ward

2. FULL NAME MARGUERITE MOSS

(a) Residence, No. L 836 SOUTHWEST St. 4 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) WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF OLIVER MOSS

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 31, 1905

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
31 6 3

8. Trade, profession, or particular kind of work done, as optician, sawyer, bookkeeper, etc. Housewife  
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

13. NAME ALBERT WHITE

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS MO

15. MAIDEN NAME MAMIE MCGAULEY

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS

17. INFORMANT ALBERT WHITE (ADDRESS) 6836 SOUTHWEST

18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY CEM DATE 7/6/37

19. UNDERTAKER CROCHAMUND CO INC (ADDRESS) 7146 MANCHESTER

20. FILED JUL 5 1937 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3, 1937

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 10:45 P.M.

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

Cerebral Apoplexy  
of 2a

Other contributory causes of importance:

Arterio Sclerosis

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 4 ✓  
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? If so, specify.....

(Signed) Joseph M. Ziem M.D.  
(Address) Deputy Coroner

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.

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