

NOV 15 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 791

36274
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. 1003
(b) Township Primary Registration District No. Registered No. 9851
(c) City St. Louis (d) Street No. Jewish Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Pauline Moses

(a) Residence, No. 5696 Kingsbury St. 5 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 74

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as 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) Columbus (STATE OR COUNTRY) Ohio

FATHER: 13. NAME Philip Moses
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER: 15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Percy Block (ADDRESS) Chase Hotel

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Sinai Cem. DATE Oct. 24 1937

19. FUNERAL DIRECTOR Herman Rindshoff (ADDRESS) 5218 Delmar Blvd.

20. FILED 24 1937 19 J. Bredick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 23 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 2 1937 to Oct. 23 1937
I last saw him alive on Oct. 22 1937 Death is said to have occurred on the date stated above, at 1004 m.
The principal cause of death and related causes of importance were as follows:

Broncho-pneumonia

Date of onset 10/2/37

Other contributory causes of importance:
arterio-sclerosis
arterio-sclerotic heart disease
Chronic Nephritis

7

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? 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? No
If so, specify Shavellyn Sale, M. D.
(Signed) Shavellyn Sale
(Address) 4500 Olive St.

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.

2 ADD 10 10

STATEMENT BY LICENSED EMBALMER

I, Herman Rindskopf, Licensed Embalmer No. 2207

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Herman Rindskopf

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Herman Rindskopf

Licensed Embalmer No. 2207

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)