

NOV 15 1937

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

1. PLACE OF DEATH

County Buchanan
Township
City St. Joseph,

Registration District No. 85
Primary Registration District No. 1001
(No. Missouri Methodist Hospital)

File No. 37112
Registered No. 1085
St. _____ Ward

2. FULL NAME

Frank P. Moskau Sr.

(a) Residence, No. 2101 Washington Ave. St. _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? 83 yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 1, 1937 . 19

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1937, to Oct 1, 1937

I last saw him... alive on Oct 1, 1937. Death is said to have occurred on the date stated above, at 5.45 m. A.M.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 1, 1852
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
84 10 0

Prostatic Hypertrophy
Chronic Pyelonephritis
uraemia

Date of onset

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Retail
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocer.
10. Date deceased last worked at this occupation (month and year) Unk. 11. Total time (years) spent in this occupation

Other contributory causes of importance: 137

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berlin, Germany

13. NAME Unk.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk. Germany

Name of operation Prostatic Resection Date of 9-23-37
What test confirmed diagnosis? Chemical Was there an autopsy? No

15. MAIDEN NAME Unk.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk. Germany

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.

17. INFORMANT (ADDRESS) Mrs. Ruth Moskau
2101 Washington Ave.

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Oct. 4, 1937 19

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

19. UNDERTAKER (ADDRESS) Walter Meinhoff
1302 Farson St. St. Joseph, Mo.

(Signed) J. J. Barsbach, M. D.
(Address) 825 1/2 Frederick Ave. St. Joseph, Mo.

20. FILED 10/4 37 H. J. Steinblum
Registrar.

