

REC'D APR 11 1938

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

9130
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1003**
(c) City **St. Louis.** (d) Street No. **Alexian Bros Hospital.** Registered No. **2719**
(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.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME **Dr. Merton C. Moss. 200**

(a) Residence, No. **5705 Dewey Av.** St. **11**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male.** 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) **Sept. 24th 1896.**
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
41 5 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Physician.**
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) **St. Louis.** (STATE OR COUNTRY) **Missouri.**

FATHER 13. NAME **Edward C. Moss.**
14. BIRTHPLACE (CITY OR TOWN) **England,** (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Minnie Hiertz,**
16. BIRTHPLACE (CITY OR TOWN) **St. Louis,** (STATE OR COUNTRY) **Mo.**

17. INFORMANT **Dr. L. C. Herchenroeder.** (ADDRESS) **5705 Dewey Av.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Mathews Cemetery** **Mar. 22, 1938.**

19. FUNERAL DIRECTOR **Ziegenbein Bros.** (ADDRESS) **2621-23 Cherokee St.**

20. FILED **J. T. Bredt** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Mar. 20th 1938. 19**

22. I HEREBY CERTIFY, That I attended deceased from **March 16**, 1938, to **March 20**, 1938. I last saw h. **20** alive on **Mar. 20th 1938**, 19..... Death is said to have occurred on the date stated above, at **2** P.M.

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

Branch Pneumonia Date of onset **2/28/38**
107a

Other contributory causes of importance:
Coronary Atherosclerosis, not definitely 3/19/28
Heart disease caused by
Branch Pneumonia

Name of operation..... Date of.....
What test confirmed diagnosis **Phys. Exam** 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? **NO**
If so, specify.....
L. C. Herchenroeder M. D.
(Signed) **Ziegenbein Bros.** (Address) **2621-23 Cherokee St.**

MAR 22 1938

STATEMENT BY LICENSED EMBALMER

I, Juddie A. Ziegenhein, Licensed Embalmer No. 2270.

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

L. E.

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

working under my personal supervision.

Signed

Juddie A. Ziegenhein
Licensed Embalmer No. 2270

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.)