

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every fact or information should be accurately supplied. AGE should be stated EXACTLY. PHYSICIANS should state

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

31069

Do not use this space.

OCT 12 1938

791

1003

8506

1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
 (b) Township ..... Primary Registration District No. ....  
 (c) City St. Louis, Mo. (d) Street No. De Paul 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

Margaret Mosby 210  
 (a) Residence, No. 6055 Westminister 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) Nov. 23, 1891

7. AGE YEARS 46 MONTHS 10 DAYS 4 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Artist  
 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) (STATE OR COUNTRY) Linn Mo.

FATHER 13. NAME George Mosby  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn Mo.

MOTHER 15. MAIDEN NAME Mary McCord  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn Mo.

17. INFORMANT (ADDRESS) Sophia McCord  
6 055 Westminister

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE 9/29/38

19. FUNERAL DIRECTOR (ADDRESS) Edith E. Ambruster  
4234 Manchester

20. FILED SEP 23 1938 J. Bredeck  
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/27/38 . 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 31 - 1938 to Sept 26 - 1938  
 I last saw him alive on 9-25-38 Death is said to have occurred on the date stated above, at 4 a.m.  
 The principal cause of death and related causes of importance were as follows:

Coronaria of Pectum Date of onset ?  
Other contributory causes of importance:  
Terminal Broncho Pneumonia 9-25-38  
B. Acute Pyelonephritis 9-23-38

Name of operation frank Date of Sept 27-38  
 What test confirmed (KASKE) 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? 1  
 If so, specify .....  
 (Signed) J. Ambruster M.D.  
 (Address) 4500 White St

STATEMENT BY LICENSED EMBALMER

I, Florenz Eynck, Licensed Embalmer No. 1284

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 Florenz Eynck

Licensed Embalmer No. 1284

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