

DEC 13 1939

## STANDARD CERTIFICATE OF DEATH

37596

State File No.

Registration District No.

Primary Registration District No.

Registrar's No.

9435

## 1. PLACE OF DEATH:

(a) County 1  
 (b) City or town St. Louis, Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Deaconess Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days

3. (a) PRINT FULL NAME

John Henry Moser 260

3. (b) If veteran,

name war No.

3. (c) Social Security

No. None4. Sex Male5. Color or race White6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Lucy Alice6. (c) Age of husband or wife if alive 60 years7. Birth date of deceased Sept. 6 1873  
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

661126

hr. min.

9. Birthplace Salem,  
(City, town, or county)Missouri  
(State or foreign country)10. Usual occupation Trucker

11. Industry or business

12. Name Franklin Moser13. Birthplace Unknown  
(City, town, or county)

(State or foreign country)

14. Maiden name Lucy Gamblin15. Birthplace Salem,  
(City, town, or county)Missouri  
(State or foreign country)16. (a) Informant's own signature Harry M. Moser(b) Address Salem, Mo.17. (a) Removal (b) Date thereof 11/3/39  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Salem, Mo.18. (a) Signature of funeral director Albert H. Hoppe(b) Address 4700 Washington Ave.19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date issued local registers) (Registrar's signature)J. F. Gredeh  
(Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1  
 (c) City or town Salem N.R.  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 2nd  
 year 1939 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from Oct. 24, 1939 to Nov 2, 1939  
 that I last saw him alive on Nov 2, 1939  
 and that death occurred on the date and hour stated above.

Immediate cause of death

Septicemia  
Staphylococcus albus  
 Due to Acute Pyelitis  
(Staphylococcus)  
 Due to Non Calculous

Duration

2 weeks2 weeks

Other conditions

(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? 1 (Specify type of place) (e) Means of injury \_\_\_\_\_23. Signature A. R. Orloff (M. D. or other)Address 1020 W. 12th St. Bldg Date signed 11-3-39

NOV 3 1939

M. H. Lewis

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Gay W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

**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.)**

**If this body is not embalmed, above space should be left blank.**