V. S. No. 2
OM—11-10-39
Rev. 5-17-39
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FILED APR 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9508

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2991

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5242 Genevie Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day (Specify whether
In this community 35 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

(c) City or town St Louis Mo 7
(If outside city or town limits write "RURAL")

(d) Street No. 5242 Genevie Ave
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Louise GMoser

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Aloys Gmoser

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased June (Month) 9 (Day) Th 1875 (Year)

8. AGE: Years 64 ------ Months 9 -- Days 20- If less than one day hr. min.

9. Birthplace Austria (City, town, or county) 7 (State or foreign country)

10. Usual occupation Housewife 1

11. Industry or business

FATHER
12. Name Andrew Hirze 7
13. Birthplace Austria (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Therisa Dax
15. Birthplace Austria (City, town, or county) 1 (State or foreign country)

16. (a) Informant Aloys Gmoser 1
(b) Address 5242 Genevie Ave 1940

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 2d (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Edward Koch
(b) Address 3516 N 14 Th Str

19. (a) MAR 31 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 30 day March
year 1940 hour 10 minute 30 a. M.

21. I hereby certify that I attended the deceased from 1-28-36, 19__, to 3-30, 1940, that I last saw her alive on 3-30-40, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic endocarditis

Due to general arteriosclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)
Address 5094 [illegible] Date signed 3-30-40

(Licensed Embalmer's Statement on Reverse Side)

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 Harry J Schumacher

Licensed Embalmer No. 2679

P. O. Address 732 Zenas

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.