No. 2
1-10-39
-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12317

APR 8 1940

Registration District No. 784 Primary Registration District No. 161 Registrar's No. 616

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: St. Louis County Hospital
(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 life
years, months or days) 260

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Florissant R.R.#2 Missouri Bottoms Rd. 2½ miles
(If outside city or town limits, write "RURAL")

(d) Street No. west of Air Port.
(If rural, give location)

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

3. (a) PRINT FULL NAME John Moser

3. (b) If veteran, name war ?

3. (c) Social Security No. ?

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife

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

7. Birth date of deceased ? (Month) ? (Day) 1865 (Year)

8. AGE: Years 75 Months ? Days ? If less than one day hr. min.

9. Birthplace Normandy (City, town, or county) Mo. (State or foreign country)

10. Usual occupation nil.

11. Industry or business

FATHER
12. Name Simon Moser
13. Birthplace ? (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Elizabeth Deitz
15. Birthplace ? (City, town, or county) Germany (State or foreign country)

16. (a) Informant Otto Moser
(b) Address Robertson Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-30-40 (Month) (Day) (Year)
(c) Place: burial or cremation St Marys Cem.

18. (a) Signature of funeral director Bauman Bro
(b) Address 2504 Wrexham Rd Overland

19. (a) MAR 29 1940 (Date received local registrar) (b) W.R. Meyer M.D. Dep. H. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 27 year 1940 hour 12:10 minute P. M.

21. I hereby certify that I attended the deceased from 3-26-40, 19__, to 3-27-40, 19__; that I last saw him alive on 3-27-40, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure — Duration 1 day

Due to Arteriosclerotic Heart Disease, Arteriosclerosis

Due to generalized Pellagra

Other conditions Malnutrition (Include pregnancy within 3 months of death) 62

Major findings: Of operations Gangrene of toes, Bilateral, Senile dementia

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? (Specify type of place)

While at work? (e) Means of injury

707

23. Signature J. Johnston (M. D. or other)

Address St. Louis Co. Hosp Date signed 3-28-40

(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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland Mo.

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.