

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....ST. LOUIS
 (b) City or town.....ST. LOUIS
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4466A DELMAR BLVD.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community.....22 YEARS / (Specify whether
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State.....MO. (b) County.....ST. LOUIS
 (c) City or town.....ST. LOUIS
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4466 A. DELMAR BLVD.
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME CLARENCE MOSER3. (b) If veteran,
name war.....3. (c) Social Security
No. None

4. Sex MALE 0 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced. MARRIED
 6. (b) Name of husband or wife. CATHERINE MOSER
 6. (c) Age of husband or wife if alive. 45 years
 7. Birth date of deceased. JUNE 10 1894
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
47 0 26 hr. min.

9. Birthplace KENTUCKY
(City, town, or county) (State or foreign country)10. Usual occupation AUTO GLASS WORKER11. Industry or business in business for self12. Name JOSEPH MOSER13. Birthplace KENTUCKY
(City, town, or county) (State or foreign country)14. Maiden name ELLIE CRAMER
(City, town, or county) (State or foreign country)15. Birthplace KENTUCKY
(City, town, or county) (State or foreign country)16. (a) Informant CATHERINE MOSER(b) Address 4466 A. DELMAR AVE.17. (a) REMOVAL (b) Date thereof 7-2-41
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation IOWA CITY IOWA18. (a) Signature of funeral director Arthur J. Durnally(b) Address 3840 LINDRILL BLVD.19. (a) JUL 7 1941 (b) D. F. Bredich
(Date of local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 6
 year 1941 hour 3 minute 20 P.M.

21. I hereby certify that I attended the deceased from July 24, 1941
 to July 6, 1941

that I last saw him alive on July 6, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis with Congestive Failure Duration
From Arteriosclerosis of Linn Joints & diabetes with ascites

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations LOT

Of autopsy.....

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? (Specify type of place) (e) Means of injury.....

23. Signature D. F. Bredich (M. D. or other) D.Address 406 N. Olive St. Date signed.....

Smash Clinic St

~~2011~~
10-11

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: *Stanley Marshall*

Licensed Embalmer No. *2868*

P. O. Address. *3840 Lind*

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.)

If this body is not embalmed, fact should be so stated above.