

FILED MAR 17 1942

Registration District No.

Primary Registration District No. **1003**

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:
4522 N. 19th. St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community **50 Years**
years, months or days)

3. (a) PRINT FULL NAME **Henry Mosbacher**

3. (b) If veteran, name war **No.** 3. (c) Social Security No. **None.**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Louisa Mosbacher** 6. (c) Age of husband or wife if alive **77** years

7. Birth date of deceased **January 6 1863**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 1 14 hr. min.

9. Birthplace **Foster Pond, Illinois.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Night Watchman.**

11. Industry or business **American Car.**

12. Name **Nichola Mosbacher.**

13. Birthplace **Germany.**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown.**

15. Birthplace **Germany.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Milton W. Mosbacher.**

(b) Address **4522 N. 19th. St.**

17. (a) **Burial** (b) Date thereof **2-23-42.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Pauls Churchyard**

18. (a) Signature of funeral director **Hy. Leidner Und. Co.**

(b) Address **2223 St. Louis Ave.**

19. (a) **FEB 20 1942** (b) **J. St. Brodeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **9 0700**
(c) City or town **St. Louis.** **17**
(If outside city or town limits, write "RURAL")
(d) Street No. **4522 N. 19th. St.** **9**
(If rural, give location)
(e) Citizen of foreign country? **2** (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **20**
year **1942** hour **8 P.M.** minute..... M.

21. I hereby certify that I attended the deceased from **Aug 29**
1941 to **Feb 20 1942**
that I last saw him alive on **Feb 19 1942**
and that death occurred on the date and hour stated above.

Immediate cause of death **Subacute nephritis, etc**
Due to.....
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?

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

23. Signature **Geo A. Mellis** (M. D. or other) **D**
Address **2739 N. Grand** Date signed **2-20-42**

*Ed. Mellier
Grand St. Louis.*

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 *Homer S. Ponder*

Licensed Embalmer No. *3367*

P. O. Address *2223 St. Louis ave.*

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, fact should be so stated above.