

S. No. 2
1-1-4-41
5-17-3
X29230

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **588**
Registrar's No. **991**

FILED FEB 4 1943
Registration District No. **318**

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:
Missouri Pacific Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. **1 day**
21 yrs. (Specify whether
In this community. years, months or days)

3. (a) PRINT FULL NAME **Link Att. Mosblech**
3. (b) If veteran. **None** name war. 3. (c) Social Security No.

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife. **Adelheid Mosblech**
6. (c) Age of husband or wife if alive. **58** years
7. Birth date of deceased. **February 12 1884**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 ~~60~~ **11** **17** hr. min.

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

10. Usual occupation. **Painter**

11. Industry or business. **St. Louis Ref. Car Co.**

12. Name. **Gustav Mosblech**

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

14. Maiden name. **None**

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

16. (a) Informant. **Adelheid Mosblech**

(b) Address. **215 E. Schirmer st.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof. **FEB. 1. 43**
(Month) (Day) (Year)

(c) Place: burial or cremation. **MT. OLIVE CEMETERY**

18. (a) Signature of funeral director. **C. Hoffmeister U.S. U. Co.**
(b) Address. **7814 S. Broadway**

19. (a) **JAN 21 1943** (b) **J. F. Brudeck**
(Date received local health officer) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State. **Missouri** (b) County. **000 17 91**
(c) City or town. **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **215 E. Schirmer st.**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **29** year **1943** hour **3:20** minute **AM**
21. I hereby certify that I attended the deceased from **July 29 1943** to **July 29 1943**
that I last saw him alive on **July 29 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death. **Left hemiplegia. Sclerose myocarditis. Aneurysm of aorta. Cardiac decompensation**
Due to.....
Due to.....
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? (Specify type of place) (e) Means of injury.....
23. Signature. **J. F. Brudeck** (M. D. or other) **ML**
Address. **no pac hosp** Date signed. **1-29-43**

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.....

Louis C. Hoffmeister

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Louis C. Hoffmeister

Licensed Embalmer No.....

3871

P. O. Address.....

7814 S. Broadway

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.