

S. No. 2
M-8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 12 1945
Registration District No. 317

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42126
Registrar's No. 2549

Primary Registration District No. 6076

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Arbor Terrace
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mother of Good Council Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 weeks
(Specify whether years, months or days) 3 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Carroll
(c) City or town Bogard
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME BERNICE SHEA MOSSBARGER
3. (b) If veteran, name war NO 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Wilber Eli Mossbarger 6. (c) Age of husband or wife if alive dec. years
7. Birth date of deceased Aug. 20, 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 3 27 hr. min.

9. Birthplace Mexico, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name Daniel E. Shea
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Mary E. Rowan
15. Birthplace Wisconsin
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Wm. W. Wood

(b) Address 6906 Greenwood, St. Louis Co.

17. (a) burial (b) Date thereof Dec. 19, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carrollton, Mo.

18. (a) Signature of funeral director Alexander Sons, Inc

(b) Address 6175 Delmar Blvd., St. Louis, Mo.

19. (a) 12/18/44 (b) E. J. Mathavan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 17th
year 1944 hour 9:30 minute _____ AM.

21. I hereby certify that I attended the deceased from 12-3-44
_____, 19____, to 12-17-1944

that I last saw her alive on 12-15-1944
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia Duration 24 hrs

Due to Toxemia, acute 36 hrs

Due to Intestinal Obstruction 72 hrs
Carcinoma Uterus ?

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 48 hrs
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) none

(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 Nicholas Stale (M. D. certifier)
17.8861. St. Louis Ave. Date signed 12/17/44

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.....

Joseph E. McCuller

Licensed Embalmer No. *2460*

P. O. Address *6175 Delma*

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.