

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 21 1948 STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2156

State File No. _____

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: 2001 Savannah Avenue /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Not
(Specify whether in this community years, months or days) 51 years 4 months 4 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan //

(c) City or town St. Joseph /
(If outside city or town limits, write "RURAL")

(d) Street No. 2001 Savannah Avenue /
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) /
If yes, name country _____

3. (a) PRINT FULL NAME Glen Howard Moskau

3. (b) If veteran, name war World War #1

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 Dora B. Moskau

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased September 2 1895
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

50 4 4 hr. min.

9. Birthplace St. Joseph Missouri /
(City, town, or county) (State or foreign country)

10. Usual occupation Manager Regal Theatre

11. Industry or business _____

MOTHER FATHER { 12. Name Frank P. Moskau

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

14. Maiden name Ruth J. Cook

15. Birthplace St. Joseph Missouri /
(City, town, or county) (State or foreign country)

16. (a) Informant Harry Moskau

(b) Address 2001 Savannah Ave., St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/9/1946
(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1302 Faraon St., St. Joseph, Missouri

19. (a) Jan. 14, 1946 (b) _____
Date received local registrar (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 6th.
year 1946 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from Jan 6
1946 to Jan 6 1946;
that I last saw him alive on Jan 6 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

Duration 1 day

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 Walter H. Kau (M. D. or other) MD
Address Highland Bldg. St. Joseph, Mo. Date signed 1/7/46

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

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NOV 25 1948

13333

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 *Albert E Harrington*

Licensed Embalmer No. 3258 Missouri.

P. O. Address St. Joseph, Missouri.

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.