

FILED JUN 6 1946
 Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **4830**

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: **Alexian Brothers Hospital**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME **Frederick W. Moser Jr.**

3. (b) If veteran, name war **World War #1**
 3. (c) Social Security No. **490-05-1476**

4. Sex **Male**
 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Vallie**
 6. (c) Age of husband or wife if alive **52** years
 7. Birth date of deceased **July 18 1893**
 (Month) (Day) (Year)

8. AGE: Years **52** Months **10** Days **10**
 If less than one day hr. _____ min. _____

9. Birthplace **St. Louis Mo.**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Salesman**

11. Industry or business

12. Name **Frederick W. Moser Sr.**
 13. Birthplace **St. Louis Mo.**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Clara Schuerman**
 15. Birthplace **St. Louis Mo.**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Vallie Moser**
 (b) Address **227 Horn Ave.**

17. (a) **Burial**
 (Burial, cremation, or removal)
 (b) Date thereof **5/31/46**
 (Month) (Day) (Year)
 (c) Place: burial or cremation **Sunset Burial Park**

18. (a) Signature of funeral director **Jos. P. Fendler Jr.**
 (b) Address **7128 Michigan Ave.**

19. (a) **MAY 29 1946**
 (Date received local registrar)
 (b) **J. F. Breckard**
 (Registrar's signature)

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. **227 Horn Ave**
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **28**
 year **1946** hour **1.20** minute **P.** M.

21. I hereby certify that I attended the deceased from **May 7**
 19 **46** to **May 28** 19 **46**
 that I last saw him alive on **May 28**
 and that death occurred on the date and hour stated above.
 Immediate cause of death **Chronic suppurative**
otitis of left ear.
Brain abscess
 Duration **4 years**
1 week

Due to _____
 Due to _____

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

Major findings:
 Of operations _____

Of autopsy _____

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 _____
 Signature **George A. Sullivan** (M. D. or other) **MD**
 Address **421 N. Schimmer** Date signed **5-29-46**

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Pr 12/4/40

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.....

George N. Archambault

Registered Apprentice No. XXXXXXXX

working under my personal supervision.

Signed.....

George N. Archambault

Licensed Embalmer No. 2906

P. O. Address 7128 Michigan 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.