

FILED MAY 17 1946

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **4260**

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:
3444 Tennessee Ave.
(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 Johanna Moss

3. (b) If veteran, name war..... 3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Christ 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Oct. 18 1852
(Month) (Day) (Year)

8. AGE: Years 93 Months 6 Days 22 If less than one day
hr. min.

9. Birthplace Unknown New York
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business.....

MOTHER FATHER
12. Name Unknown Unknown
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant George T. Moss

(b) Address 1624 S. Utica, Tulsa, Okla.

17. (a) Burial (b) Date thereof 5/13/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Walter H. Hulse

(b) Address 3634 Gravois Ave.

19. (a) MAY 11 1948 (b) J. F. Bredich
(Date filed in local registry) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3444 Tennessee 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 10
year 1946 hour 2 minute A. M.

21. I hereby certify that I attended the deceased from June 12 to May 10 1946
that I last saw him alive on May 10 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction
Due to atherosclerosis

Other conditions (Include pregnancy within 3 months of death) 9/3/46

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 J. F. Bredich (M. D. or other) D.M.D.
Address 3606 Strand Date signed 5/10/46

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

17613

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 Robert C. Wheeler

Licensed Embalmer No. 2128

P. O. Address Hammond

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.