DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 14 1948

Registration District No. 16

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42123

Primary Registration District No. 5594

Registrar's No. 41

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

1. PLACE OF DEATH:
(a) County: JEFFERSON
(b) City or town: MERAMEC — (RURAL)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. JOSEPH'S HILL INF — O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 9 YEARS 4 MOS. 29 DAYS (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 48
(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 905 W. 40TH Terrace
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: JOHN MOSTON
3. (b) If veteran, name war: NO
3. (c) Social Security No.: NONE
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: SINGLE
6. (b) Name of husband or wife: SINGLE
6. (c) Age of husband or wife if alive: SINGLE years
7. Birth date of deceased: 1852 (Month) (Day) (Year)
8. AGE: Years 95 | Months — | Days | If less than one day hr. min.
9. Birthplace: LEMONT (City, town, or county) ILL — 1 (State or foreign country)
10. Usual occupation: FARMER
11. Industry or business: FARM
FATHER
12. Name: WM. MOSTON
13. Birthplace: IRELAND 4 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: MARY McHUGH
15. Birthplace: IRELAND 4 (City, town, or county) (State or foreign country)
16. (a) Informant: Brother Roch, C.S.J.
(b) Address: St. Josephs Hill Inf
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-8-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Bynumville Mo
18. (a) Signature of funeral director: John H. Brimmer
(b) Address: Houses Springs Mo
19. (a) DEC 31 '47 (Date received local registrar) (b) Phil S. Kirk (Registrar's signature) ILLO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 29TH year 1947 hour 8 minute 30 P.M.
21. I hereby certify that I attended the deceased from June 13 1944 to Dec. 23 1947; that I last saw him alive on Dec 23 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: CHRONIC MYOCARDITIS	
Due to: CEREBRAL ARTERIO SCLEROTIC CARDIO-VASCULAR DISEASE	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: MD
Of autopsy: MD

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: K. Meardon M.D. (M. D. or other)
Address: 3155 No. Sarameneter Date signed: 12/29/47 St. Louis, Mo.

(Licensed Embalmer's Statement on Reverse Side)

JAN 16 1948

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 1-13-48

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 John H. Brammer

Licensed Embalmer No. 1470

P. O. Address House Springs Mo

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.