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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED NOV 19 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **38470**
Registrar's No. **9703**

Registration District No. **318**

Primary Registration District No. **1003**

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:
Pronounced dead at City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3
In this community 57 yrs. 2 mos.
(Specify whether years, months or days)

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. 3957 a N. 11th St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William A. Mosner

3. (b) If veteran, name war No 3. (c) Social Security No. 489-01-3697

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Katie Mosner 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased August 28 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 2 8 hr. min.

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

10. Usual occupation Sea Food Salesman

11. Industry or business Meletio Sea Food Co.

12. Name Anton Mosner

13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Adèle Sauer

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

16. (a) Informant Katie Mosner
(b) Address 3957a N. 11th St.

17. (a) Burial (b) Date thereof 11-9-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Suedmeyer & Sons
(b) Address 3934 N. 20th St.

19. (a) NOV 8 1948 (b) J. B. Sauer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 6th
year 1948 hour 9:15 minute 4 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
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 _____

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? _____

23. Signature Patrick E Taylor (Specify type of place) _____
Date signed 11-8-48 (M. D. or other)

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

APR 20 1949

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 *Neville B. Furhwitter*

Licensed Embalmer No. *3696*

P. O. Address *3301 N. 22nd St.*

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.