

FILED OCT 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32034**

BIRTH NO.		REG. DIST. NO. 348	PRIMARY REG. DIST. NO. 1003	Registrar's No. 8447
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place) 11		
d. FULL NAME OF HOSPITAL OR INSTITUTION: Jewish Hospital		4. STREET ADDRESS (If rural, give location) 90 Aberdeen Place		
3. NAME OF DECEASED (Type or Print) SIMON		a. (First)	b. (Middle)	c. (Last) MOSENFELDER
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH March 2, 1882		9. AGE (In years last birthday) 67		IF UNDER 1 YEAR: Months 6 Days 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant-Ladies Ready To Wear		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Rock Island, Illinois
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Alphonse Mosenfelder		
13b. MOTHER'S MAIDEN NAME Amelia Holz		14. NAME OF HUSBAND OR WIFE Evelyn M. Mosenfelder		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. S. Mosenfelder-90 Aberdeen Pl.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH 8/17/49 to 9/29/49
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Arteriosclerosis		
		DUE TO (c)		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 94a
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201
22. I hereby certify that I attended the deceased from 8/17 , 19 49 , to 9/29 , 19 49 , that I last saw the deceased alive on 9/29 , 19 49 , and that death occurred at 5:30 p. m. , from the causes and on the date stated above.				
23a. SIGNATURE Harold Schey M.D.		23b. ADDRESS 607 N. Grand St. Louis, Mo.		23c. DATE SIGNED 10/1/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Bremation		24b. DATE 10/2/49		24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory
				24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
DATE REC'D BY LOCAL REG. OCT 1 1949		REGISTRAR'S SIGNATURE J. B. Sarata		25. FUNERAL DIRECTOR'S SIGNATURE Herman Rudolph, Jr. 5216 Pelham

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

John Ketter

Licensed Embalmer No. 3880

P. O. Address _____

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.