

FILED NOV 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35426

State File No. _____
Registrar's No. 9429

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		State File No. _____		Registrar's No. <u>9429</u>					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY _____									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>			c. LENGTH OF STAY (In this place) _____			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis,</u>							
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Alexian Brothers Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>941 So. Skinker Blvd.</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>FREDERICK</u>			b. (Middle) _____			c. (Last) <u>MOSER,</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 1, 1949</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Oct. 5, 1886</u>		9. AGE (In years last birthday) <u>63</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>				10b. KIND OF BUSINESS OR INDUSTRY _____				11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Otto Moser.</u>				13b. MOTHER'S MAIDEN NAME <u>Bertha Seidel.</u>				14. NAME OF HUSBAND OR WIFE _____					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ernest Moser, 941 So. Skinker.</u>							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Oedema or Haemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Grand Mal Epilepsy -</u> DUE TO (c) <u>Brain Tumor Removed, 38 years ago.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fract. Rt Femur. Surgical Repair</u>								INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>35 yrs.</u> <u>3 weeks.</u>	
19a. DATE OF OPERATION <u>Oct 14, 49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Fract. neck femur. Rt Small Pate...</u>										20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>natural oper at home</u>		21b. PLACE OF INJURY (e.g., in or about home, (and) factory, street, office bldg., etc.) <u>at home</u>			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St Louis 363 Mo.</u>								
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? <u>Slipped on rug fall to floor at home</u>								
22. I hereby certify that I attended the deceased from <u>Oct 1st 1940</u> , to <u>Nov. 1st 1949</u> , that I last saw the deceased alive on <u>Nov. 1st 1949</u> , and that death occurred at <u>7:20 P.m.</u> , from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) <u>Scott Haver, M.D.</u>				23b. ADDRESS <u>634 W. Grand St. Louis, Mo.</u>				23c. DATE SIGNED <u>Nov. 1st 49</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		24b. DATE <u>11/3/1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Crematory.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>							
DATE REC'D BY LOCAL REG <u>11/10/49</u>		REGISTRAR'S SIGNATURE <u>J. B. Sasater</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C.R. Lupton & Sons; 7233 Delmar Blvd.</u>							

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 Clarence A. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, 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.