

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 31 1950

State File No. 6413
Registrar's No. 1003

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

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

| | | | | | | | | | | | |
|---|------------------------|--|--------------------------------------|---|--|--|--|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | State File No. 6413 | | Registrar's No. 1003 | | | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____ | | | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2049 | | | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Park Lane Hospital | | | | 4. STREET ADDRESS (If rural, give location) 6818 Wyatt Pl. | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) MARGARET | | a. (First) | | b. (Middle) C. | | c. (Last) MOEBIUS | | 4. DATE OF DEATH (Month) (Day) (Year) July 25, 1950 | | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow | | 8. DATE OF BIRTH Oct. 22, 1872 | | 9. AGE (In years last birthday) 77 | | IF UNDER 1 YEAR Months 9 | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) Germany | | 12. CITIZEN OF WHAT COUNTRY? 4 | | | | | |
| 13a. FATHER'S NAME Peter Rosacker | | | 13b. MOTHER'S MAIDEN NAME Ann Nissen | | | 14. NAME OF HUSBAND OR WIFE Late Hugo Moebius | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joe Venable-6818 Wyatt Pl. | | | | | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH 1 day | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary atelectasis | | | | ANTECEDENT CAUSES Myocardial Degeneration DUE TO (b) arteriosclerosis generalized DUE TO (c) Senility | | | | 1 month | | 1 year | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility | | | | Past few yrs | | | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) ST. LOUIS Mo. | | 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? _____ | |
| 22. I hereby certify that I attended the deceased from July 25, 1950, to July 25, 1950, that I last saw the deceased alive on 8:30 PM July 25, and that death occurred at 8:30 P. M., from the causes and on the date stated above. | | | | | | | | | | | |
| 23a. SIGNATURE Nancy Rosenberg MD | | | | (Degree or title) | | | | 23b. ADDRESS 1767 Union Bl. | | 23c. DATE SIGNED 26 Jul 50 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 7-27-50 | | 24c. NAME OF CEMETERY OR CREMATORY Mt Hope Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo. | | | | | |
| DATE RECD BY LOCAL REG. JUL 26 1950 | | REGISTRAR'S SIGNATURE J. B. Jasater | | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser-4228 S. Kingshighway Bl. | | | | | |

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Richard W. Storey

Signed.....
Student Embalmer

Licensed Embalmer No. 4007

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.