

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37449**  
**9827**  
Registrar's No.

FILED OCT 23 1953

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <b>209</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Galtner Home</b> <b>5000 S. Broadway</b>		d. STREET ADDRESS (If rural, give location) <b>3656 Bates St</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Martha</b> b. (Middle) <b>L.</b> c. (Last) <b>Moss</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Oct 13 1953</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Oct 5 1879</b>
9. AGE (In years last birthday) <b>74</b>		10. MONTHS <b>0</b>	11. DAYS <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Stenographer Industry</b> <b>Kohen Iron Works</b>	
11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Herman Moss</b>		13b. MOTHER'S MAIDEN NAME <b>Matilda Schliminger</b>	
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) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Clara M. Moss.</b>		ADDRESS <b>3656 Bates St</b>	
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) <b>Arterio-sclerotic Heart disease</b> <b>arterio-sclerotic nephritis.</b> DUE TO (b) <b>Emarclized arterio-sclerotic</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b> <i>etc</i>	
INTERVAL BETWEEN ONSET AND DEATH <b>in my eye</b> <b>Many years</b>			
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., to or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
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? <b>4200</b>			
22. I hereby certify that I attended the deceased from <b>Jan 6</b> , 19 <b>53</b> , to <b>Oct. 13</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>Oct. 13</b> , 19 <b>53</b> , and that death occurred at <b>8:10 P.M.</b> from the causes and on the date stated above.			
23a. SIGNATURE <b>J. J. Moskop, M.D.</b>		23b. ADDRESS <b>3554 VICTOR ST. St. Louis 4</b>	
23c. DATE SIGNED <b>10/4/53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>Oct 15 1953</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Lake Charles Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County Mo.</b>	
DATE REC'D BY LOCAL REG. <b>OCT 14 1953</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Wick Bros</b>		ADDRESS <b>2201 S. Grand Blvd</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Moskop  
3554 Victor St  
3 to 6

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 J. Allen Davis  
Licensed Embalmer No. 4053  
P. O. Address St. Louis

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.