

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14424

FILED APR 26 1954

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>547</u>		Registrar's No. <u>938</u>		
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Heights</u>		c. LENGTH OF STAY (In this place) <u>13 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township): OR TOWN <u>Richmond Heights</u> <u>1180</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1100 Bellevue Avenue</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sister Mary Casimir Moseke</u>			b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>April 19 1954</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Dec. 10, 1900</u>		9. AGE (In years last birthday) <u>53</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>NURSE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Religious</u>		11. BIRTHPLACE (City and State or Foreign Country) / <u>New York City</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Henry Moseke</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Wagner</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>			
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>Sister M. Francine, 1100 Bellevue Avenue</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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary embolism</u>				RHEUMATIC HEART DISEASE WITH <u>Mitral Stenosis and Mitral Thrombosis</u>				<u>10 days</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) _____				<u>13 years</u>
DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>10 days</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>none</u>				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) <u>410X</u>				
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? _____				
22. I hereby certify that I attended the deceased from <u>5-6</u> , 19 <u>41</u> , to <u>4-19</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>4-19</u> , 19 <u>54</u> , and that death occurred at <u>1:10p m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>G. O. Brown M.D.</u>				23b. ADDRESS <u>1325 South Grand</u>		23c. DATE SIGNED <u>4-20-54</u>		
24a. DATE <u>4-22-54</u>		24b. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24c. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>				
DATE REC'D BY LOCAL REG. <u>4-21-54</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Domb M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Bocklage</u>		ADDRESS <u>6536 Clayton</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 \_\_\_\_\_

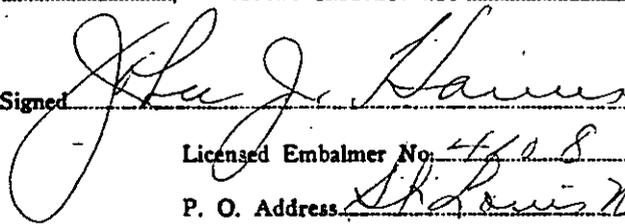
Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed



Licensed Embalmer No. 4408

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.