

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-023563
STATE FILE NUMBER
5986
Registrar's No.

FILED JUL 1 1958 Registration District No. 318 Primary Registration District No. 1003

S. 300
1-57

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri, b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location), HOSPITAL OR INSTITUTION 38 Pronounced dead at City Hospital,			Length of stay in lb	d. STREET ADDRESS (If outside, give location) 1241 3629a Missouri Ave.,	
3. NAME OF DECEASED (Type or print) First John Middle U. Last Moehsmer,			4. DATE OF DEATH June 9, 1958		Month Day Year
5. SEX Male.	6. COLOR OR RACE White, O	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 21, 1884	9. AGE (In years (approx. birthday)) 73	10. F UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman of working		10b. KIND OF BUSINESS OR INDUSTRY St. Louis Score Sheet,	11. BIRTHPLACE (City and state or country) St. Louis, Mo. O		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John U. Moehsmer,		13b. MOTHER'S MAIDEN NAME Mary Elizabeth Hoffer,		14. NAME OF HUSBAND OR WIFE Emma Moehsmer	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 490-01-8839	17. INFORMANT Address Mrs. Emma Moehsmer, 3629a Missouri Ave.,		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Sclerosis DUE TO (b) Generalized Arterio Sclerosis DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 420-1					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Name or title) James M Kelly Esq			22b. ADDRESS 1300 Clark		22c. DATE SIGNED 6-10-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 6/12/58	23c. NAME OF CEMETERY OR CREMATORY Park Lawn Cemetery,		23d. LOCATION (City, town, or county) (State) LeMan, Mo.
24. FUNERAL DIRECTOR Gebken-Benz Mortuary,		ADDRESS 2842 Meramec St.,	25. DATE RECD. BY LOCAL REG. JUN 10 '58		26. REGISTRAR'S SIGNATURE Carl Smith MO

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 me, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Joe B. Benz*

Licensed Embalmer No. 4249
2842 Meramec St.
P. O. Address St. Louis, 16,

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.