Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-003296
STATE FILE NUMBER

FILED JAN 28 1959 Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 420

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN St. Louis, — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION Pronounced dead at St. Louis City Hosp. — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri, b. COUNTY
c. CITY OR TOWN St. Louis, — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS 4523 Tennessee Ave., (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First John — Middle W. — Last Moeser,

4. DATE OF DEATH Month January — Day 11 — Year 1959

5. SEX Male.

6. COLOR OR RACE White,

7. MARRIED ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH April 12, 1906

9. AGE (In years last birthday) 52 — 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) Salesman.

10b. KIND OF BUSINESS OR INDUSTRY Meletio Seafoods Co.

11. BIRTHPLACE (City and state or country) St. Louis, Missouri,

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Arthur Moeser,

13b. MOTHER'S MAIDEN NAME Ethel Fraley

14. NAME OF HUSBAND OR WIFE Gertrude A. Moeser,

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 489-01-3696

17. INFORMANT Gertrude A. Moeser, Address 4523 Tennessee Ave.,

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

MEDICAL CERTIFICATION

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 Thrombosis — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 420.1
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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/him alive on _____
Death occurred at 9:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or Title) M.D. — **22b. ADDRESS** 1300 Clark — **22c. DATE SIGNED** 1/13/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal. — **23b. DATE** 1/14/59 — **23c. NAME OF CEMETERY OR CREMATORY** Resurrection Cemetery, — **23d. LOCATION** (City, town, or county) St. Louis County, Mo. (State)

24. FUNERAL DIRECTOR Gebken-Benz Mortuary, **ADDRESS** 2842 Meramec St., St. Louis, 18, Mo.

25. DATE RECD. BY LOCAL REG. JAN 13 '59

26. REGISTRAR'S SIGNATURE Earl Smith MD
m.J.B.

(Licensed Embalmer's Statement on Reverse Side)

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....

P. O. Address ....2842 Meramec St St. Louis, 18....

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.