

JAN 28 1929

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

42459

1. PLACE OF DEATH

County St. Louis Registration District No. 1170 File No. ....  
Township Clayton Heights Primary Registration District No. 6248H Registered No. 288  
City St. Marys Hospital St. .... Ward. ....

2. FULL NAME

(a) Residence. No. 941 Skinker Rd. St. .... Ward. ....  
(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Bertha Moser

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1855?

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
about 73 - - -

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Box Manufacturer  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) St. Louis Mo.  
(STATE OR COUNTRY)

10. NAME OF FATHER Joseph G. Moser

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Austria  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER U

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany  
(STATE OR COUNTRY)

14. INFORMANT Louis Moser  
(Address) 941 Skinker Road

15. FILED 12/24 1928 E. L. Jensen REGISTRAR

4-MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 21 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 25, 1927, to Dec 21, 1928.  
that I last saw him alive on Dec 21, 1928, and that death occurred, on the date stated above, at 11:10 A m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Rupture of Aorta thro. ulceration  
76 acute  
ref 13  
135 A. Probably 1092 yrs. - mos. - da.

CONTRIBUTORY Bilateral Pyelonephritis  
(SECONDARY)  
Embolus of liver (duration) 2 yrs. - mos. - da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....  
DID AN OPERATION PRECEDE DEATH? no DATE OF.....  
WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? autopsy  
(Signed) Chas. L. Geraghty, M. D.  
Dec 22, 1928 (Address) 958 Arcade Bldg.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Walhall's Crematory DATE OF BURIAL Dec 24 1928

20. UNDERTAKER Chas. L. Geraghty ADDRESS 4822 Easton Ave

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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