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.

JUN 26 1934

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

Do not use this space.

File No. 17921
Registered No. 111

1. PLACE OF DEATH
County St. Louis Ferguson Tim Registration District No. 333
Township St. Ferdinand Primary Registration District No. 4468
City Bridgeston, Mo. (No. Bridgeston, Mo. St. Ward)

2. FULL NAME Frank L. Moser
(a) Residence, No. Bridgeston, Mo. 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Catharine Moser
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 14, 1861
7. AGE YEARS 73 MONTHS 3 DAYS 11 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Florissant, Missouri

FATHER
13. NAME Samson Moser
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Elizabeth Dietz
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs. Annie Nassae Bridgeston Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's Cem. DATE May 28, 1934
19. UNDERTAKER (ADDRESS) Jos. W. Clark 1125 Hodiamont Ave
20. FILED May 26, 1934 H. A. Zeitler Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25, 1934
22. I HEREBY CERTIFY, That I attended deceased from May 1st, 1932, to May 25th, 1934
I last saw him alive on May 24th, 1934. Death is said to have occurred on the date stated above, at 10:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis and Arteriosclerosis	5.1.32
93C	
93C	
Other contributory causes of importance:	
Chronic Prostatitis	5.1.32

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) H. T. Coleman, M. D.
(Address) Pattonville Mo.

Dr. [illegible]

Fatonville, Mo.