

SEP 15 1936

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City.....St. Louis, Mo. (No.)

Registration District No. 791
City Hospital No. 1003
2

File No. 32422
Registered No. 8243
Ward.....

2. FULL NAME Herman Moss

(a) Residence, No. 802a N. Jefferson, 21 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unavailable

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 3, 1884

7. AGE YEARS 52 MONTHS 5 DAYS 28 If LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer (WPA)
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, year) 1936 11. Total time (years) spent in this occupation Unk.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

13. NAME John Moss

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable
Kentucky

15. MAIDEN NAME Margaret Mason

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable
Kentucky

17. INFORMANT (ADDRESS) Kurtz, 2945 Layton

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE Aug. 8, 1936

19. UNDERTAKER (ADDRESS) Charles J. Gates
4107 Finney Avenue

20. FILED 9261 2 DR W Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-23- 1936 to 8-1- 1936

I last saw him alive on 8-1- 1936 Death is said to have occurred on the date stated above, 10:15 P. M.
The principal cause of death and related causes of importance were as follows:
Thrombo-phlebitis
Chronic Myocarditis
Date of onset 7-23-36

Other contributory causes of importance:
Chronic Myocarditis

Name of operation..... Date of.....
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

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?.....
If so, specify.....
(Signed) J Owen Blache, M. D.

(Address) 2945 Layton

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

