

DEC 13 1937

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

39669  
Do not use this space.

791 2  
1003 1

Registered No. 10656

1. PLACE OF DEATH
- (a) County ..... Registration District No. ....
- (b) Township ..... Primary Registration District No. .... Registered No. ....
- (c) City ..... (d) Street No. 5732 Lotus Ave St. ....  
(If death occurred in Hospital or Institution, write its name instead of street and number)
- (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME Albert E. Moss
- (a) Residence, No. 5732 Lotus Ave St. 6 (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

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 Mae Moss

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 15, 1880

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>59</u>	<u>2</u>		

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. clerk

9. Industry or business in which work was done, as 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) St. Louis

13. NAME C.T. Moss

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Mae Moss  
5732 Lotus

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Nov 18 1937

19. FUNERAL DIRECTOR (ADDRESS) John R. Coeling  
908 2nd Street

20. NOV 17 1937 J. T. Bredeck  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 15 1937

22. I HEREBY CERTIFY That I attended deceased from Oct 15 1937 to Nov 15 1937  
I last saw him alive on Nov 14, 15, 1937. Death is said to have occurred on the date stated above, at 6 a.m.  
The principal cause of death and related causes of importance were as follows:  
chron Endocardit

Other contributory causes of importance:  
chron Bronchit  
myxet  
Oedem bron & vena

Name of operation chronic Date of .....  
What test confirmed diagnosis? hist 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) Harry H. Meyer, M. D.  
(Address) 4903 Belmont

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.

977-10

STATEMENT BY LICENSED EMBALMER

I, Guy W Wilbinson, Licensed Embalmer No. 3575

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed Guy W Wilbinson

Licensed Embalmer No. 3575

**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.)**