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.

899

FEB 12 1938

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

146
Do not use this space.

791 2/1

1. PLACE OF DEATH
(a) County ..... Registration District No. .....
(b) Township ..... Primary Registration District No. 10D3 Registered No. 2
(c) City St. Louis. (d) Street No. 3368 So. Broadway. 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 Minnie Mosner. 256
(a) Residence, No. 3368 So. Broadway. St. 24
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female,
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 Henry Mosner.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 26th 1871.
7. AGE YEARS 66 MONTHS 0 DAYS 5 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife.
9. Industry or business in which work was done, as saw mill, bank, etc. 2
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, Mo. 1

FATHER
13. NAME William Johns,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, 31

MOTHER
15. MAIDEN NAME Unknown, 10
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Stella Wodicka 5537 Mace Place,
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mathews Cemetery DATE Jan. 3d 1938.
19. FUNERAL DIRECTOR (ADDRESS) Ziegenhein Bros. 2621-23 Cherokee St.
20. FILED JAN 1 1938 19 J F Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 31st 1937. 19

22. I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1937, to Dec. 31, 1937
I last saw her alive on Dec. 31, 1937. Death is said to have occurred on the date stated above, at 11 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Cerebral hemorrhage on right side	
arter	

Other contributory causes of importance:
arterio sclerosis; chronic interstitial nephritis

Name of operation ..... Date of .....
What test confirmed diagnosis? Phys. & chem. 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) Tom J Sneek, M. D.
(Address) 4930 Suder Pl

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Juddie A. Ziegenhein, Licensed Embalmer No. 2270,

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 Juddie A. Ziegenhein

Licensed Embalmer No. 2270

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)