

REC'D JUN 9 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH791
100316613
Do not use this space.

4474

1. PLACE OF DEATH

(a) County Registration District No.
 (b) Township Primary Registration District No. Registered No.
 (c) City St. Louis (d) Street No. Enroute to City Hospital, #1 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 Catherine Moser

(a) Residence, No. 817 Hickory St. St. 22
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May, 14th. 1938

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

22. I HEREBY CERTIFY That I attended deceased from 1935, 19... to May 14th, 1938
 I last saw h. a. v. alive on May 11th, 1938. Death is said to have occurred on the date stated above, at 6 A. M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 31st, 1867.

The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
71 3 14

Myocardial degeneration Date of onset 1935

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

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.....

Other contributory causes of importance: Hypertension before 1935

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) O'Fallon Missouri13. NAME Unknown Eike14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

Name of operation none Date of
 What test confirmed diagnosis? B.P. hypertension Was there an autopsy?

17. INFORMANT (ADDRESS) Charles Moser 5916 Harney Ave.

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.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset B. Park DATE May, 16th. 1938

Manner of injury
 Nature of injury

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wacker-Helderle 2331 S. Broadway

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) J. C. Buehler, M. D.
 (Address) 3801 Lee Ave

20. FILED MAY 16 1938

Local Registrar.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Robert C. Wheeler

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Robert C. Wheeler

Licensed Embalmer No.....

2128

P. O. Address.....

St. Louis, Mo.

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.)

If this body is not embalmed, above space should be left blank.