

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jewish Hospital
(If not in hospital or institution, write street number or location) _____
(d) Length of stay: In hospital or institution 1 day (Specify whether _____)
In this community _____
years, months or days _____

3. (a) PRINT FULL NAME MARY AGNES MOSLANK
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Joseph A.
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased December 4 1886
(Month) (Day) (Year)

8. AGE: Years 53 Months 7 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Henry J. Fehl
13. Birthplace Germany
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Mary Donegan
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Helen A Moslank
(b) Address 2902 Dodier Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 14, 1940
(Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director J. H. Eckman & Sons U. Co.
(b) Address 2842 Meramec St.

19. (a) FEB 13 1940 (Date received local registrar) (b) J. F. Baskin

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis 10
(If outside city or town limits, write "RURAL")
(d) Street No. 2902 Dodier St.
(If rural, give location) _____
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 11th
year 1940 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from 4/16, 1938, to 2/11, 1940
that I last saw her alive on 2/11, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Myocarditis - chr.
Nephritis - chr.
Due to uremia

Duration
5 yrs.
5 yrs.
1 yr.

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) _____
Means of injury _____
23. Signature Frank Moslank (M. D. or other) _____
Address 2902 Dodier St. Date signed 2/14/40

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, or by.....

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

Signed Herman A. Gebker

Licensed Embalmer No. 2120

2842 Meramec St.
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.