FILED SEP 25 1940

S. No. 2
—11-10-39
v. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1003

State File No. 26764

Registration District No. 791 Primary Registration District No. Registrar's No. 6660

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 29 yrs. 5 mos. 24 days (Specify whether years, months or days)
In this community 81 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits write "RURAL")
(d) Street No. Infirmary
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Henry Moses

8. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife Single
6. (c) Age of husband or wife if alive years

7. Birth date of deceased About 1859 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
About 81			hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Laborer
11. Industry or business Laborer

FATHER
12. Name Henry Moses
13. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Johanna Wunnenberg
15. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Otto Todt
(b) Address 5400 Arsenal st
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 5 1940 (Month) (Day) (Year)
(c) Place: burial or cremation New Bethlehem
18. (a) Signature of funeral director Crowe & Hud Co.
(b) Address 3710 N Grand Blv.
19. (a) AUG 5 1940 (Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 3 rd. year 1940 hour 5:45 minute a.m. M.

21. I hereby certify that I attended the deceased from July 1, 1940, 19 to Aug. 3, 1940, that I last saw him alive on Aug. 3, 1940, 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arteriosclerosis 7-1-40-x	
Due to: Hypertrophy of Prostate 7-1-40-x	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy POST

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature J. Robt Edelman (M. D. or other)
Address 5400 Arsenal St. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

Signed P. G. Smithers

Licensed Embalmer No. 3916

P. O. Address 3710 N. Grand Blv

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.