

Registration District No.

791

Primary Registration District No.

1003

Registrar's No.

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:
Firmin Desloge Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 1 Mo. 7 Days
years, months or days)

3. (a) PRINT FULL NAME Harold A. Moser8. (b) If veteran, name war _____ 8. (c) Social Security No. 32 5-14-99394. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug. 29, 1911
(Month) (Day) (Year)8. AGE: Years 29 Months 0 Days 28 If less than one day _____ hr. _____ min.9. Birthplace Illinois
(City, town, or county) (State or foreign country)10. Usual occupation Salesman11. Industry or business Merchants Coal Co.12. Name Anton L. Moser13. Birthplace Switzerland
(City, town, or county) (State or foreign country)14. Maiden name Olga Stellanica15. Birthplace Italy
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs. Olga Moser(b) Address 4736 Kensington Ave.17. (a) Burial (b) Date thereof 9/30/40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Calvary Cemetery18. (a) Signature of funeral director Charles H. ...(b) Address 4911 Washington St.19. (a) SEP 29 1940 (b) J. H. ...
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 4736 Kensington Ave.
(If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 27
year 1940 hour 7 minute 30 P. M.21. I hereby certify that I attended the deceased from Aug. 8,
1940, to Sept. 27, 1940;
that I last saw him alive on Sept. 27, 1940;
and that death occurred on the date and hour stated above.Immediate cause of death Acute Congestive Heart Failure 7 daysDue to Rheumatic Heart Disease since 8/30/40
Mitral Stenosis 8/26/40

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Rheumatic Heart Disease
Mitral Stenosis

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)

(e) Means of injury _____

23. Signature J. H. ... MD (M. D. or other)Address 5399 Grand Blvd. Date signed 9/28/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Thomas R. Fenwick

Licensed Embalmer No. 3793

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.