S. No. 2
I—4-13-40
7. 5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5060

MAR 25 1941

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 1308

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

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17
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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: St. Anthony's Hospital D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 DAYS (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17 15
(If outside city or town limits, write "RURAL")

(d) Street No. 4034 Nebraska Ave. 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME ELSIE MOSBACHER

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 Edmund

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased November (Month) 27 (Day) 1899 (Year)

8. AGE: Years 41 Months 2 Days 11 If less than one day hr. min.

9. Birthplace Waterloo (City, town, or county) / Illinois (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER 12. Name Peter Janson

13. Birthplace (City, town, or county) / Illinois (State or foreign country)

MOTHER 14. Maiden name Emma Wetzel

15. Birthplace (City, town, or county) / Illinois (State or foreign country)

16. (a) Informant Edmund Mosbacher

(b) Address 4034 Nebraska Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 10, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation NewSS. Peter&Paul Cem.

18. (a) Signature of funeral director J. H. Bekem Fu. & Und. Co.

(b) Address 2842 Meramec St.

19. (a) FEB 9 1941 (Date received local registrar) (b) J. M. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 7th year 1941 hour 5 minute 15 A.M.

21. I hereby certify that I attended the deceased from 2-4-41, 19..., to 2-6, 1941; that I last saw her alive on 2-6, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic interstitial nephritis (?)

Due to

Due to

Other conditions Hypertension
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy none

Duration

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 Jos L Gerrie (M. D. or other)

Address 4065 Hi Mand Date signed 2/9/41

(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 Robert T. Gebkin

Licensed Embalmer No. 4144

P. O. Address 2842 Meramec St. St. Louis, Missouri

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, fact should be so stated above.