

S. No. 2
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7. 5-17-39
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FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

8976

State File No.

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 2386

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17
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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:
Mo. Baptist 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.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 0006

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

(d) Street No. 1341a Arlington Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Frederick A. Moses

3. (b) If veteran, name war.....

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mathilde Moses

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Nov. 26 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

78	3	29	hr. min.
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9. Birthplace Belleville Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Druggist

11. Industry or business Retired

MOTHER FATHER {

12. Name Unknown

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mathilde Moses

(b) Address 1341a Arlington

17. (a) Burial (b) Date thereof 3-17-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belleville Ill

18. (a) Signature of funeral director Drehmann-Harral

(b) Address L905 Union Blvd.

19. (a) MAR 10 1941 (b) J. W. Budeck
(Date of local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 15
year 1941 hour 6 minute A M.

21. I hereby certify that I attended the deceased from Feb. 17 1941, to Mar. 15 1941;
that I last saw him alive on 2/14 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arteriosclerosis

Due to Coronary Disease

Due to nil

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

Major findings:
Of operations nil

Of autopsy nil

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) (e) Means of injury.....

23. Signature J. W. Budeck (M. D. or other) D. H. S.
Address 4512 No. Wheeler Date signed 3/17/41

Mr. Theodor Bell
11-12-1911
11-3-1911

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 Warren A. Carver
Licensed Embalmer No. 3534
P. O. Address.....

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.