

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:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Mos. 15 Days
(Specify whether years, months or days)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Ida Moster

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

4. Sex F 5. Color or race W 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 Oct 25 1928
(Month) (Day) (Year)

8. AGE: Years 54 ~~53~~ Months 6 Days 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

MOTHER {
FATHER {
 11. Industry or business _____
 12. Name Theodore Moster
 13. Birthplace Indiana
(City, town, or county) (State or foreign country)
 14. Maiden name Margaret Meyer
 15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Holtzman
 (b) Address 4438 Rosalie
 17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof May 1, 1943
(Month) (Day) (Year)
 (c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Sullivan Bros.
 (b) Address 2849 N. Euclid Av.
 19. (a) MAY 12 1943 (b) J. R. Bredeck
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County 000
17

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

(d) Street No. 4438 Rosalie
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26, year 1943 hour 4:00 minute A. M.

21. I hereby certify that I attended the deceased from February 11, 1943 to April 26, 1943 that I last saw her alive on April 26, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Bronchietis
Pulmonary Infarction

Due to _____
 Due to _____

Other conditions (Include pregnancy within 3 months of death) 106

PHYSICIAN

Major findings: Of operations _____
 Of autopsy as above

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 Louis J. Keedall M.D.
 Address 1515 Lafayette Avenue Date signed 5/30/43

844

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..... *Albert Mayfield*
Licensed Embalmer No..... *3077*
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.