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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 15 1947
Registration District No. **318**

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25872
State File No.
Registrar's No. **7340**

Primary Registration District No. **1003**

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:
201 W. Schirmer
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community **Lifetime** (Specify whether
years, months or days)

3. (a) PRINT FULL NAME **JACOB MOSS**
3. (b) If veteran, name war **--** 3. (c) Social Security No. **--**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Magdalena Moss** 6. (c) Age of husband or wife if alive **--** years
7. Birth date of deceased **September 9 1868**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 10 26 hr. min.

9. Birthplace **St. Louis, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business **--**

MOTHER FATHER { 12. Name **Unknown**
13. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown** **0**
(City, town, or county) (State or foreign country)

16. (a) Informant **Edwin J. Moss, 220 W. Courtois**
(b) Address **St. Louis, Missouri**

17. (c) **Burial** (Burial, cremation, or removal) (b) Date thereof **Aug. 8, 1947**
(Month) (Day) (Year)

(c) Place: burial or cremation **Mount Hope Cemetery**

18. (a) Signature of funeral director **C. HOFFMEISTER U. & L. CO.**
(b) Address **7814 S. Broadway St. Louis, Mo.**

19. (a) **AUG 6 1947** (Date received local registrar) (b) **J. F. Bredsch** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **add**
(c) City or town **St. Louis** **17**
(If outside city or town limits, write "RURAL")
(d) Street No. **201 W. Schirmer** **9**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **--**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **August** day **5th**
year **1947** hour **10** minute **a.** M.
21. I hereby certify that I attended the deceased from **Aug 12 1947** to **July 27 1947**
that I last saw him alive on **August 3 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis** Duration **?**
Due to **Arteriosclerosis** **5 yrs.**
Due to **Hypertension** **5 yrs.**
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy
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 **M. L. Bartmink** (M. D. or other) **M. D.**
Address **7629 So. Broadway** Date signed **8/5/47**

NE 1138

AUG 19 1947

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 Henry J. Schumaker
Licensed Embalmer No. 2679
P. O. Address 7814 1/2 Broadway

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.