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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED FEB 24 1948

State File No. 7418

Registration District No. 397

Primary Registration District No. 6026

Registrar's No. 462

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Oakville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Route 9, Box 252
(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 Missouri (b) County St. Louis 96

(c) City or town Oakville 0
(If outside city or town limits, write "RURAL")

(d) Street No. Route 9, Box 252 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Peter Mossefin

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male 0

5. Color or race white

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

6. (b) Name of husband or wife Mary Schatz

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

7. Birth date of deceased July (Month) 27 (Day) 1865 (Year)

8. AGE: Years 82 Months 6 Days 23 If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Norway 4 (State or foreign country)

10. Usual occupation retired

11. Industry or business none

FATHER
12. Name Joseph Mossefin
13. Birthplace ..... (City, town, or county) Norway 4 (State or foreign country)

MOTHER
14. Maiden name Anna (unknown)
15. Birthplace ..... (City, town, or county) Norway 4 (State or foreign country)

16. (a) Informant Mary Mossefin
(b) Address Route 9, Box 252

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2-13-48 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mathews

18. (a) Signature of funeral director Fendler Und. Co.
(b) Address ~~742~~ 1204 Telegraph Rd.

19. (a) 2-12-48 (Date received local registrar) (b) Ecola J. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 10
year 1948 hour 2 minute P M.

21. I hereby certify that I attended the deceased from Sept, 1947, to Feb 10, 1948
that I last saw him alive on Feb 10, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	
Due to 93d	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of 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 0

23. Signature Charles Ehlers (M. D. or other) MD

Address 752 Lemay Ferry Date signed 2-12-48

Jefferson City Printing Co.

(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.....

..... Registered Apprentice No.....

working under my personal supervision.

Signed.....V E Morris.....

Licensed Embalmer No.....3360.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.