S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10508

FILED MAR 25 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2716

WRITE PLAINLY—USING 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 5300a Sutherland Ave. (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
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 5300a Sutherland Ave. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

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3. (a) PRINT FULL NAME ROBERT B. MOSER
3. (b) If veteran, name war None
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Late Ida
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. (Month) 22 (Day) 1880 (Year)

8. AGE: Years 67 Months 4 Days 25 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Clerk
11. Industry or business National Cash Register Co.
FATHER
12. Name Alfred C. Moser
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Christine E. Drescher
15. Birthplace Washington D. C. (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. A. F. Saunders
(b) Address 5300a Sutherland Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-19-48 (Month) (Day) (Year)
(c) Place: burial or cremation Lakewood Park Cem.
18. (a) Signature of funeral director Kriegshauser Und.Co.
(b) Address 4228 So. Kingshighway Bl.
19. (a) MAR 18 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17 year 1948 hour 3:10 minute A. M.
21. I hereby certify that I attended the deceased from 3-10-48, 19..., to 3-17-48, 19...; that I last saw him alive on 3-17-48, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage (Rt hemiplegia) — Duration 7 days
Due to
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
23. Signature (M. D. or other)
Address 4533 S Kingshighway Bl. Date signed 3/18/48

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.....

Licensed Embalmer No.....

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.