

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37446**  
Registrar's No. **10096**

FILED OCT 30 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Gasconade</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Mt. Sterling</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>0370</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Alexian Bros. Hospital</b>		e. STREET ADDRESS	
3. NAME OF DECEASED a. (First) <b>Philip</b>		b. (Middle) <b>----</b>	
c. (Last) <b>Mosberger</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 21, 1953</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan. 28, 1876</b>
9. AGE (In years last birthday) <b>77</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Germany</b>
10b. KIND OF BUSINESS OR INDUSTRY <b>Auto Trimmer</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Adam Mosberger</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	
14. NAME OF HUSBAND OR WIFE <b>Louise</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	
16. SOCIAL SECURITY NO. <b>492-20-2441</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Lester Mosberger</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Retropertoneal Sarcoma</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <b>10-13-53</b>		19b. MAJOR FINDINGS OF OPERATION <b>Large inoperable Sarcoma + Metastasis</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH <b>2 mo</b>	
21a. ACCIDENT SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>158X</b>	
22. I hereby certify that I attended the deceased from <b>10-6-53</b> , 19____, to _____, 19____, that I last saw the deceased alive on <b>10-20-53</b> , and that death occurred at <b>6 A.</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>Alvan Reynolds</b>		23b. ADDRESS <b>405 University Club Bldg</b>	
23c. DATE SIGNED <b>10-27-53</b>		23d. NAME OF CEMETERY OR CREMATORY <b>Mt. Hope Cemetery</b>	
23e. LOCATION (City, town, or county) (State) <b>1215 Lemay Ferry Road</b>		23f. DATE REC'D BY LOCAL REG. <b>OCT 23 1953</b>	
23g. REGISTRAR'S SIGNATURE <b>Carl Smith</b>		23h. FUNERAL DIRECTOR'S SIGNATURE <b>H.C. Hoffmeister</b>	
23i. ADDRESS <b>7814 So. Broadway St. Louis, Mo.</b>		23j. ADDRESS <b>U. &amp; L. Co.</b>	

m.B. (Licensed Embalmer's Statement on Reverse Side)

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

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7424 S. 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.