

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

6964

State File No. _____

1692

Registrar's No. _____

No. 300
10.48

FILED MAR 5 1956

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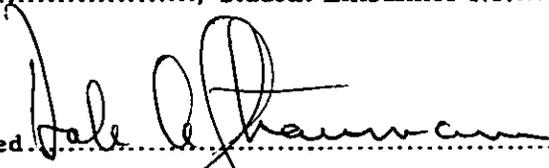
BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			c. LENGTH OF STAY (in this place) _____			c. CITY OR TOWN St. Louis		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony Hospital				e. STREET ADDRESS (If rural, give location) 3307 Lawn Ave.							
3. NAME OF DECEASED (Type or Print) JOSEPHINE			a. (First)			b. (Middle)			c. (Last) MOSBERGER		
4. DATE OF DEATH Feb. 14 1956			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow			8. DATE OF BIRTH Oct. 31, 1871			9. AGE (In years last birthday) 84		
5. SEX Female			6. COLOR OR RACE White			10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework			10b. KIND OF BUSINESS OR INDUSTRY _____		
11. BIRTHPLACE (City and State or Foreign Country) Lebanon, Ill.				12. CITIZEN OF WHAT COUNTRY? U.S.A.				13a. FATHER'S NAME Jacob Ditzler			
13b. MOTHER'S MAIDEN NAME Unknown Bobmeyer				14. NAME OF HUSBAND OR WIFE Late Jacob Mosberger				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			
16. SOCIAL SECURITY NO. None				17. INFORMANT'S SIGNATURE OR NAME Raymond Mosberger				ADDRESS 5033 Stellamae Ave			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))											
MEDICAL CERTIFICATION											
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes & atherosclerosis											
* This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.											
II. OTHER SIGNIFICANT CONDITIONS											
Antecedent causes: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) E cardiac infarction											
DUE TO (c) fracture hip O.K. J. M. 2/17/56											
Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary embolism											
19a. DATE OF OPERATION _____			19b. MAJOR FINDINGS OF OPERATION Fracture hip, left intertrochanteric						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Home fall			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home			21c. (CITY, TOWN, OR TOWNSHIP) St. Louis			21d. (COUNTY) 904.0		
21e. (STATE) mo			21f. HOW DID INJURY OCCUR? Fell from			21g. _____			21h. _____		
21i. TIME OF INJURY (Month) (Day) (Year) (Hour) 2 6 56			21j. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			21k. _____			21l. _____		
22. I hereby certify that I attended the deceased from 2-6 , 1956, to 2-14 , 1956, that I last saw the deceased alive on 2-14 , 1956, and that death occurred at 4:50P m., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) Donald O. Burst M.D.						23b. ADDRESS #16 Langston Village Plaza			23c. DATE SIGNED 2-15-56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal			24b. DATE Feb. 18, 1956			24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery			24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.		
DATE REC'D BY LOCAL REG. FEB 16 1956			REGISTRAR'S SIGNATURE Carl Smith mo			25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser			ADDRESS 4228 S. Kingshighway Bl.		

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.....
Signature of Student Embalmer

Signed .....
Licensed Embalmer No. 453

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.