

FILED APR 12 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11780

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 866

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kirkwood</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kirkwood</b>	
c. LENGTH OF STAY (In this place) <b>25 yrs.</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>March 27, 1956</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lark Spur Lane</b>		d. STREET ADDRESS (If rural, give location) <b>Lark Spur Lane</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>OTTO</b> b. (Middle) <b>L.</b> c. (Last) <b>MOOS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 27, 1956</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>10-19-1898</b>	9. AGE (In years last birthday) <b>57</b>	IF UNDER 1 YEAR <b>5</b> Months <b>18</b> Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Jobber</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Textile</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>Fred Moos</b>		13b. MOTHER'S MAIDEN NAME <b>Caroline Bruns</b>		14. NAME OF HUSBAND OR WIFE <b>Augusta Sauer Moos</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b> (If yes, give war or dates of service) <b>WW I</b>		16. SOCIAL SECURITY NO. <b>492-01-6312</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Augusta Moos, above</b> ADDRESS _____	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial infarction</b>		DUPLICATE OF (b) <b>Coronary artery disease</b>			<b>minutes</b>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUPLICATE OF (c) _____			<b>1 year</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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?		

22. I hereby certify that I attended the deceased from April 1, 1949, to March 27, 1956, that I last saw the deceased alive on March 26, 1956, and that death occurred at 8:15 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>R. A. Niebauer</b>		23b. ADDRESS <b>3701 Grand St.</b>		23c. DATE SIGNED <b>3-29-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3-30-1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Paul's Churchyard</b>	
24d. LOCATION (City, town, or County) (State) <b>St. Louis, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>JAY B. SMITH</b>		ADDRESS <b>Maplewood, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>3-30-56</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Dombrowski</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 \_\_\_\_\_

*J.P. Burgess*

Licensed Embalmer No. \_\_\_\_\_

4029

P. O. Address \_\_\_\_\_

Maplewood

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.