

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19099

FILED MAY 27 1957

State File No. _____
Registrar's No. **4725**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 4725	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri 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 01 1958 Potomac St				e. STREET ADDRESS (If rural, give location) 2249 D 940 Wynnell Ave			
3. NAME OF DECEASED (Type or Print) a. (First) EDWARD b. (Middle) H. c. (Last) MOSNER			4. DATE OF DEATH (Month) (Day) (Year) 5-16-1957				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH 7-15-1897	
9. AGE (in years last birthday) 59		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Iron Worker		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Henry Mosner			13b. MOTHER'S MAIDEN NAME Muriel Johns Minnie			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 489-10-8383		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lottie Duckworth 3663 B.S. Broadway			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Adenocarcinoma of left lung		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma of left lung 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. 163.x				INTERVAL BETWEEN ONSET AND DEATH 14 months	
19a. DATE OF OPERATION Apr. 1956		19b. MAJOR FINDINGS OF OPERATION Adenocarcinoma left lung				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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 4-7, 1956 , to 5-16, 1957 , that I last saw the deceased alive on 5-16, 1957 , and that death occurred at 10:00 Pm. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Okey S Jones M D			23b. ADDRESS 3616 S Brady St, St Louis			23c. DATE SIGNED 5-18-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-20-1957		24c. NAME OF CEMETERY OR CREMATORY St. Matthews Cemetery		24d. LOCATION (City, town, or county) (State) 4260 Bates St Mo	
DATE REC'D BY LOCAL REG. MAY 20 '57		REGISTRAR'S SIGNATURE Paul Smith		FUNERAL DIRECTOR'S SIGNATURE McJiggen		ADDRESS 6409 Gravelis Ave	

DR. O. S. Jones 3616 S. Broadway PR 2-5626 1 till 3 Saturday WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

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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

Signed *John M. Seymour*

Licensed Embalmer No. *4343*

P. O. Address *St. Louis, Mo.*

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.

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