

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033697

STATE FILE NUMBER

FILED OCT 14 1958

Registration District No. 273

Primary Registration District No. 3051

Registrar's No. 112

5. 300
1-57

1. PLACE OF DEATH a. COUNTY PERRY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY STE. GENEVIEVE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN PERRYVILLE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN STE. GENEVIEVE
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION PERRY CO MEMORIAL		Length of stay in lb 10 DAYS	d. STREET ADDRESS (If outside, give location) 617 MARKET ST
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First REGINA Middle MARY Last MOSER	4. DATE OF DEATH Month OCT Day 1 Year 1958
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JULY 20 1898	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) STE. GENEVIEVE MO	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME FRANK STOLL	13b. MOTHER'S MAIDEN NAME EMILY SIEBERT	14. NAME OF HUSBAND OR WIFE ERNEST MOSER
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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.	17. INFORMANT Simon Moser Mo. Genevieve Mo
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastatic carcinoma Primary lesion unknown		INTERVAL BETWEEN ONSET AND DEATH 1 year
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____ DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1992		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ o.m. _____ p.m. _____	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from May 1958 , to Oct 1 1958 and last saw her alive on Oct 1 1958 Death occurred at 3:45 PM m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) Joseph F Lutkewitz M.D.	22b. ADDRESS ST. MARYS, MO	22c. DATE SIGNED OCT 3 1958
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23a. BURIAL, CREMATION, OR REMOVAL (Specify) burial	23b. DATE OCT 4 1958	23c. NAME OF CEMETERY OR CREMATORY VALLEY SPRING	23d. LOCATION (City, town, or county) (State) STE. GENEVIEVE MO
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24. FUNERAL DIRECTOR Dr. C. Roeder Mo. Genevieve Mo	ADDRESS	25. DATE RECD. BY LOCAL REG. 10/6/58	26. REGISTRAR'S SIGNATURE Joseph F Lutkewitz
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

100

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 *Adrian J. Steele*

Licensed Embalmer No. *4740*

P. O. Address *St. Louis*

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.