

FILED APR 15 1940
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **8668**
Registrar's No. **2151**

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4095 Fillmore ✓
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **40 yrs.** years, months or days)

3. (a) PRINT FULL NAME **Mary E. Moehsmer**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widowed**
6. (b) Name of husband or wife **John Moehsmer** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **unknown** (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
about 92 hr. min.

9. Birthplace **Switzerland** (City, town, or county) (State or foreign country)

10. Usual occupation **house work**

11. Industry or business **at home**

MOTHER FATHER { 12. Name **Ulrich Hoffer**
13. Birthplace **Switzerland** (City, town, or county) (State or foreign country)
14. Maiden name **unknown**
15. Birthplace **Switzerland** (City, town, or county) (State or foreign country)

16. (a) Informant's own signature _____
(b) Address **3131 Michigan**

17. (a) **burial** (b) Date thereof **3/5/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Peter Paul**

18. (a) Signature of funeral director **Fendler Und. Co.**

(b) Address **7420 Michigan**

19. (a) **MAR 4 1940** (b) _____
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis** ✓
(If outside city or town limits, write "RURAL")
(d) Street No. **4095 Fillmore**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? **40 yrs.** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **2nd**
year **1940** hour **12:45** minute **P** M.

21. I hereby certify that I attended the deceased from **August 7th**, 19**39**, to **March 12**, 19**40**,
that I last saw her **ex** alive on **March 2**, 19**40**,
and that death occurred on the date and hour stated above.

Immediate cause of death **Atherosclerosis (general)** Duration _____

Due to **Senility**

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **Geo. H. Mathias** (M. D. or other) _____
Address **3167 So. Grand Blvd.** Date signed **3/3/40**

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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed.....

Wilson Collins

Licensed Embalmer No. *3887*

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 this body is not embalmed, above space should be left blank.