

FILED OCT 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32034**
Registrar's No. **8417**

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 8417	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton			
d. FULL NAME OF HOSPITAL OR INSTITUTION: Jewish Hospital				4. STREET ADDRESS (If rural, give location) 90 Aberdeen Place			
3. NAME OF DECEASED (Type or Print) a. (First) SIMON			b. (Middle)			c. (Last) MOSENFELDER	
5. SEX Male			6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		4. DATE OF DEATH (Month) (Day) (Year) Sept. 29, 1949
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant-Ladies Ready To Wear		10b. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH March 2, 1882		9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months 6 Days 27
11. BIRTHPLACE (State or foreign country) Rock Island, Illinois				12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME Alphonse Mosenfelder			13b. MOTHER'S MAIDEN NAME Amelia Holz			14. NAME OF HUSBAND OR WIFE Evelyn M. Mosenfelder	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. S. Mosenfelder-90 Aberdeen Pl.		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH 8/17/49 to 9/29/49	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) St. Louis Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201			
22. I hereby certify that I attended the deceased from 8/17 , 19 49 , to 9/29 , 19 49 , that I last saw the deceased alive on 9/29 , 19 49 , and that death occurred at 5:30 P. M. , from the causes and on the date stated above.							
23a. SIGNATURE Harold Schey M.D. (Degree or title)				23b. ADDRESS 607 N. Grand St. Louis, Mo.		23c. DATE SIGNED 10/1/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Bremation		24b. DATE 10/2/49		24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. OCT 1 1949		REGISTRAR'S SIGNATURE J. B. Sarata		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Herman Rudolph, Inc. 5216 Pelham			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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 *John Ketter*
Licensed Embalmer No. *3880*

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 this body is not embalmed, fact should be so stated above.