

FILED JAN 27 1942

Registration District No. 784

Primary Registration District No. 101

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton
(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town Lemay
(If outside city or town limits, write "RURAL")
(d) Street No. 413 W. Holden Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Pearl Mosebar
3. (b) If veteran, name war unknown
3. (c) Social Security No. unknown

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 11
year 1942 hour 12 minute :40 P.M.
21. I hereby certify that I attended the deceased from 1-6-42
_____ 19____ to 1-11-42 19____;
that I last saw her alive on 1-11-42
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Albert Mosebar
6. (c) Age of husband or wife if alive 31 years
7. Birth date of deceased May 26 1912
(Month) (Day) (Year)

Immediate cause of death acute peritonitis Duration 2 wks
Due to Respiratory salmonellosis no?

8. AGE:	Years	Months	Days	If less than one day
	<u>29</u>	<u>7</u>	<u>16</u>	_____ hr. _____ min.

Due to _____
Other conditions 139a1
(Include pregnancy within 3 months of death)

9. Birthplace Elvins Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business at home

MOTHER FATHER {
12. Name Jesse McClanahan
13. Birthplace Elvins Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Pinky Godat
15. Birthplace Desloge Mo.
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy Extensive peritonitis & salmonellosis of large tube
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Albert Mosebar
(b) Address 413 W. Holden

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? _____

17. (a) burial (b) Date thereof 1-14-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Park Lawn

18. (a) Signature of funeral director Leander Lind Co

(b) Address 28 Michigan
19. (a) JAN 13 1942 (b) J. Mc. Brown Md
(Date received local registrar) (Registrar's signature)

(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature Joseph D. Judy (M. D. or other) _____
Address St. Louis Co. Mo. Date signed _____

WRITE PLAINLY—USE 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.