MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

File No. 22523

Registered No. 98

1. PLACE OF DEATH
County St Charles
Township
City St Charles (No. St Josephs Hospital St. Ward)

Registration District No. 757
Primary Registration District No. 3036

2. FULL NAME Albert Mossings
(a) Residence, No. 2209 Franklin Ave St., Ward. St Louis Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Coloured
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Della Strong

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17 - 1873

7. AGE: Years 57 | Months 10 | Days 29 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wood carver
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 95
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER
13. NAME Jno Thistley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jno Thistley

MOTHER
15. MAIDEN NAME Dora Thistleby
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jno Thistleby

17. INFORMANT A F Walton
(ADDRESS) 2701 Hoddard St Louis Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Louis Mo DATE 6/19 1931

19. UNDERTAKER A F Walton
(ADDRESS) 2701 Hoddard Ave St Louis Mo.

20. FILED 6/16 1931 Hy. G. Bloebaum
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14 1931

22. I HEREBY CERTIFY, That I ~~attended deceased from~~ Frequent, 19..., to ..., 19...
I last ~~saw him alive~~ on June 17, 1931. Death is said to have occurred on the date stated above, at 11 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Base of skull. Intracranial Hemorrhage.	June 14-31
210M	
82A	

Other contributory causes of importance:
Auto Collision caused by Coolin + reckless driving of one Hugh McClure which is running his car over Highway 66 at Fallon Mo.

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) P E Buecking Coroner, M. D.
(Address) St Charles Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. [illegible] CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.