

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

Do not use this space.

**1. PLACE OF DEATH**

County.....  
Township.....  
City St. Louis

Registration District No. 791  
Primary Registration District No. 003  
(No. St. Johns Hospital)

File No.....  
Registered No. 406  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. Frank W. Mosley  
(Usual place of abode) Olivia St. Rds. Mosley, R. 2, N. R. Ward. Creve Coeur Mo.

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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Louise E. Mosley</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 21 1897</u>		
7. AGE YEARS <u>41</u>	MONTHS <u>11</u>	DAYS <u>18</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Dealer in Livestock</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>
	13. NAME <u>Wm. Mosley</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>
	15. MAIDEN NAME <u>Mary Oge</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>

17. INFORMANT Louise E. Mosley  
(ADDRESS) Creve Coeur, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE St. Monica's Cem'ty DATE Jan 12 1934

19. UNDERTAKER Louis St. Rds.  
(ADDRESS) Highwood 750

20. FILED J. Bredek  
Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 9 - 1934

22. I HEREBY CERTIFY, that I attended deceased from Dec 26 1933 to Jan 9 1934

I last saw him alive on Jan 9 1934 Death is said to have occurred on the date stated above, at 11:45 p.m.

The principal cause of death and related causes of importance were as follows:

Acute Dilatation Heart  
Acute Pulmonary Edema  
Ruptured Sacc Bladder  
Subacute operation

Other contributory causes of importance  
Cholecystitis

Date of onset

Name of operation Cholecystitis Date of Dec 26 1933

What test confirmed diagnosis? Clinical Was there an autopsy? No.

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? No  
If so, specify \_\_\_\_\_

(Signed) Coedee, M. D.  
(Address) 1243 Mosley

1243

1953

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#2.

DEPARTMENT OF COMMERCE

E. T. McLaugh, M. D.,  
Special Agent,  
Jefferson City, Mo.

*St Louis City*

BUREAU OF THE CENSUS

2771

WASHINGTON

406

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Frank W Mosley  
Who died at St Johns Hosp on Jan 9 - 1934  
Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Sex M Color or race W Single, married, widowed or divorced: \_\_\_\_\_

Date of birth \_\_\_\_\_ Age: Years 41 Months 11 Days 18

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer & Stock Buyer  
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month \_\_\_\_\_ Year \_\_\_\_\_

Birthplace (State or country) \_\_\_\_\_

Birthplace of father (State or country) \_\_\_\_\_

Birthplace of mother (State or country) \_\_\_\_\_

Principal cause of death: ac Dilatation heart. ac Pulmonary oedema

Other contributory causes of importance Ruptured Gall bladder

Name of operation Cholecystectomy Date of about Jan 2-34

What test confirmed diagnosis? Chemical Was there an autopsy? no

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? Gall stones caused rupture of infected gall bladder  
(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 \_\_\_\_\_

Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

Name of physician \_\_\_\_\_

Address of physician \_\_\_\_\_

Signature of Registrar [Signature] 9-5-34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 791  
Primary Reg. Dist. No. 1003  
Very truly yours,  
E. T. McLaugh M.D.  
Special Agent.

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