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

REC'D DEC 12 1938

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

591

37912
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 1003
(b) Township ..... Primary Registration District No. ..... Registered No. 10239
(c) City St. Louis, Mo. (d) Street No. Homer Phillips Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Francis Mossy
(a) Residence, No. 3027 Clark Ave St. 18 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 10th 1881
7. AGE: YEARS 56 MONTHS 11 DAYS 14 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as saw mill, bank, etc.
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) Hot Springs Ark.

FATHER
13. NAME Tom Hancock
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Auston Texas

MOTHER
15. MAIDEN NAME Eugenia Lane
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pettsburg, Va.

17. INFORMANT (ADDRESS) Carrie Hancock Batchman 3027 Clark Ave.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenwood DATE Nov 26 38
19. FUNERAL DIRECTOR (NAME) (ADDRESS) A. L. Beal Und. Co. 2726 Lucas Ave.
20. FILED NOV 26 1938 J. F. Bredick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/23 38, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 3:45 p.m.
The principal cause of death and related causes of importance were as follows:
Chronic Pulmonary Tuberculosis
Malnutrition
Fracture of Left Femur
Suffered when she ~~fell~~ stumbled in going up two wooden steps at her home about Sept 15-1938 exact time unknown
Date of onset
Other contributory causes of importance:
Name of operation Accident 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? Accident Date of injury Sept 15 1938
Where did injury occur? St Louis Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury See above
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Joseph McQuinn, M.D.
(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

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 Shirley J. Watson

Licensed Embalmer No. 269 S

P. O. Address 2769 Choute

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

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