

Registration District No. **1008**

Primary Registration District No. _____

Registrar's No. **8786**

1. PLACE OF DEATH: **NOV 13 1939**
(a) County Saint Louis
(b) City or town Saint Louis Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2936 Gamble Street 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

8. (a) PRINT FULL NAME William Mosley **Em 10**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Cole 6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August (Month) 17 (Day) 1864 (Year)

8. AGE: Years 75 Months 1 Days 21 If less than one day hr. _____ min. _____

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

10. Usual occupation Nil _____

11. Industry or business _____
MOTHER FATHER { 12. Name Unknown _____
18. Birthplace Unknown _____ (City, town, or county) (State or foreign country)
14. Maiden name Marah _____
15. Birthplace Unknown _____ (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Sadie Tettis
(b) Address 2936 Gamble

17. (a) _____ (b) Date thereof Oct 12/39 (Monthly) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Washington Park _____ (Specify type of place) While at work? _____ (c) Means of injury _____
(b) Address _____

19. (a) OCT 16 1939 (Date received local registrar) (b) J. B. ... (Date of death signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Saint Louis (b) County 1
(c) City or town Saint Louis **21**
(If outside city or town limits, write "RURAL")
(d) Street No. 2936 Gamble Street (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 8 year 1939 hour 8 minute 50 a.m.
21. I hereby certify that I attended the deceased from Oct 5, 1939, to Oct 8, 1939, that I last saw him alive on Oct 8 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial infarction
Due to myocardial infarction
Due to _____
Other conditions: _____ (Include pregnancy within 3 months of death)
Major findings: _____
Of operations: _____
Of autopsy: _____

Duration 1 mo
PHYSICIAN _____
Underline the cause to which death should be charged statistically

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? _____

23. Signature J. B. ... (M. D. or other) _____
Address 1386 Franklin Date signed _____

WHITE LABEL—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

I X19511

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.

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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 Arthur L. Hilliard

Licensed Embalmer No. 3389

P. O. Address 3028 Deshaon St

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, above space should be left blank.