S. No. 2
-11-10-39
5-17-39
P I X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 5 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26291

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1254

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Overland
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2407 Wallis 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 7 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis

(c) City or town Overland
(If outside city or town limits, write "RURAL")

(d) Street No. 2407 Wallis
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Charles Mosley 240

3. (b) If veteran, name war ////// //////// 3. (c) Social Security No. ///// ////

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Julia Mosley 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Mar 17 1858 (Month) (Day) (Year)

8. AGE: Years 82 Months 3 Days 14 If less than one day hr. min.

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

10. Usual occupation retired farmer

11. Industry or business 9

FATHER
12. Name Thomas Mosley
13. Birthplace (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Rosalia Barbee
15. Birthplace Do not know (City, town, or county) (State or foreign country)

16. (a) Informant Ae Mosley
(b) Address 2407 Wallis

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 4 1940 (Month) (Day) (Year)
(c) Place: burial or cremation St Monicas Cemetery

18. (a) Signature of funeral director Ortmann Funeral Home
(b) Address 9222 Lackland Overland Mo

19. (a) JUL 3 1940 (Date received local registrar) (b) [signature] (Registrar's signature) M2M

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1
year 1940 hour minute 8:00P M.

21. I hereby certify that I attended the deceased from Feb 10 1940, 19 , to July 1, 1940
that I last saw him alive on July 1 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Cardiac Chronic Dilatation	1 hr.
Due to Myocarditis	5 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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?
707 (Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) [signature]
Address 8105 Forge Blvd Date signed 7/2/40

(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.....

Licensed Embalmer No. 3478

P. O. Address.....

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

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