

MAY 9 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15840

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 848

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: 9614 Tennyson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 yrs. (Specify whether
In this community 10 yrs. 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. 2710 Pasteur (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 18
year 1941 hour _____ minute 5:05 AM

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Natural causes
Arterio Sclerosis of the
Coronary Arteries

Duration

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy Yes

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? _____

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

23. Signature Louis H. Boff M.D. or other _____
Address Kirkwood, Mo. Date signed 4/18/41

3. (a) PRINT FULL NAME Albert Mosley

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

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

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

7. Birth date of deceased March 8 1887
(Month) (Day) (Year)

8. AGE: Years 54 Months 1 Days 10
If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Co., Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Odd Jobs.

11. Industry or business Laborer

12. Name Charles Mosley

13. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Julia Girard

15. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Catherine Maechler

(b) Address 2710 Pasteur

17. (a) Burial (b) Date thereof 4-21-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Monica's Cem.

18. (a) Signature of funeral director Ortmann Fun. Home

(b) Address 9220 Lackland-Overland

19. (a) APR 21 1941 (b) ATR
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

S

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 *Al C. Ostrom*

Licensed Embalmer No. *3478*

P. O. Address.....

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, fact should be so stated above.