

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 4378

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
City Sanitarium I.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: 8 mos. 6 dys.
(Specify whether
 In this community: 41 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St. Louis 12?
(If outside city or town limits, write "RURAL")
 (d) Street No. 5256 Delmar
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23rd
 year 1941 hour 8.55 minute _____ P. M.
 21. I hereby certify that I attended the deceased from September
18, 1940 to May 23rd, 1941;
 that I last saw him alive on May 23rd, 1941 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death:
Cerebral Thrombosis 5-18-41
 Due to Tubo Paresis 9-18-40-x

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)
 (c) Means of injury _____
 23. Signature J. H. Brudick (M. D. or other) _____
 Address 5400 Arsenal St. Date signed _____

3. (a) PRINT FULL NAME CHARLES MOSLEY

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

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

6. (b) Name of husband or wife Millie Mosley 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased October 2nd 1882
(Month) (Day) (Year)

8. AGE: Years 58 Months 7 Days 21
If less than one day
 _____ hr. _____ min.

9. Birthplace Catawissa 0 Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Custodian

11. Industry or business Board of Education

12. Name Henry Mosley

13. Birthplace Unknown 0 Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Farney

15. Birthplace Unknown 1 Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant John J. [Signature]

(b) Address 5400 Arsenal St.

17. (a) Burial (b) Date thereof 5-26-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) MAY 26 1941 (b) J. H. Brudick
(Date received local registrar) (Registrar's signature)

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

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..... *Warren A. Carver*
Licensed Embalmer No. *3532*
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.