No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26542

FILED SEP 17 1941

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6334

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

1. PLACE OF DEATH:
(a) County
(b) City or town St Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G Phillips (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 month (Specify whether years, months or days)
In this community 14 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St Louis (If outside city or town limits, write "RURAL") 21
(d) Street No. 622 Beaumont (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? years.

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3. (a) PRINT FULL NAME Ed Mosely
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race Col.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mamie Mosley
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased November 2, 1887 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
53	8	23	hr. min.

9. Birthplace (City, town, or county) Mississippi (State or foreign country)
10. Usual occupation Labor
11. Industry or business
12. Name Charles Mosley (Father)
13. Birthplace Unknown (City, town, or county) (State or foreign country) (Father)
14. Maiden name Sarah Shield (Mother)
15. Birthplace Mississippi (City, town, or county) (State or foreign country) (Mother)
16. (a) Informant Henry Mosley
(b) Address 3043 Brantner
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-5-41 (Month) (Day) (Year)
(c) Place: burial or cremation Father Dickson Cem.
18. (a) Signature of funeral director F. A. Green
(b) Address 2915 Franklin Avenue
19. (a) AUG - 2 1941 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30 year 1941 hour 5:03 minute 0 P. M.

21. I hereby certify that I attended the deceased from June 30, 1941, to July 30, 1941, that I last saw him alive on July 30, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Prob. Tuberculosis of Intestines (lungs not involved) — Prob 2yrs
Due to
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.

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

23. Signature J. W. Johnson (M. D. or other)
Address 2601 N Whittier Date signed 7-31-41

(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. 2963

P. O. Address 2915 Frankl

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

If this body is not embalmed, fact should be so stated above.