S. No. 2
I—1-4-41
. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4732
1444

FILED MAR 17 1942

Registration District No. 91

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days (Specify whether years, months or days)
In this community 4 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 21 000

(c) City or town St. Louis, 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2803a Dickson 9
(If rural, give location)

(e) Citizen of foreign country? X (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Will Mosely

3. (b) If veteran, name war Civil War

(c) Social Security No.

4. Sex M 9

5. Color or race Col

6. (a) Single, widowed, married, divorced WIDOW

6. (b) Name of husband or wife PATSY MOSLEY

6. (c) Age of husband or wife if alive DEAD years

7. Birth date of deceased MAY (Month) 29 (Day) 1863 (Year)

8. AGE: Years 88 Months 8 Days 14 If less than one day hr. min.

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

10. Usual occupation LABOR

11. Industry or business

FATHER
12. Name UNKNOWN
13. Birthplace ARK (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address 2803 Dickson

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Feb 14 42 (Month) (Day) (Year)

(c) Place: burial or cremation WASHINGTON PARK

18. (a) Signature of funeral director RELIABLE U. G.
(b) Address 1017 N 14 St.

19. (a) FEB 16 1942 (Date received by local registrar) (b) J. L. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 10, year 1942 hour 8 minute 40 A. M.

21. I hereby certify that I attended the deceased from Feb. 2nd. 19 42 to February 10, 19 42; that I last saw him alive on February 10, 19 42; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Nephritis	Indef.
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.

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 H. J. Erwin (M. D. or other)
Address 2601 Whittier Date signed 2/13/42

(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 Chas. L. Howell

Licensed Embalmer No. 2452

P. O. Address 3028 Hickson

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.