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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 2 1942

Registration District No. 91

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 16475

Registrar's No. 4361

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

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17
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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 Hospital D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ½ hour (Specify whether
In this community 35 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 600
(c) City or town St. Louis 11 17
(If outside city or town limits, write "RURAL") 9
(d) Street No. 4225a E Kennerly Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) D
If yes, name country

3. (a) PRINT FULL NAME Samuel H. Moseley

3. (b) If veteran, name war --

3. (c) Social Security No. none

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Theo M. Moseley

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Unavailable about 1869
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
abt. 73			hr. min.

9. Birthplace Appamatox Co. Virginia 1
(City, town, or county) (State or foreign country)

10. Usual occupation Fireman

11. Industry or business Stationary

FATHER
12. Name Unavailable
13. Birthplace Unavailable 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unavailable
15. Birthplace Unavailable 9
(City, town, or county) (State or foreign country)

16. (a) Informant Theo. M. Moseley
(b) Address 4225a E. Kennerly Ave.

17. (a) Burial (b) Date thereof 5/21/1942.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Ave.

19. (a) MAY 18 1942 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16
year 1942 hour 10 minute 32 A.M.

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

	Duration
Immediate cause of death Lobar Pneumonia	
Due to Primary	
Due to 168	
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? 2
(Specify type of place)
While at work? (e) Means of injury 1

23. Signature Alfred J. Perry (M. D. or other)
Address 1300 Clark Ave. Date signed 5/18/42

844 (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 James A. Johnson, Registered Apprentice No. ....., working under my personal supervision.

Signed James A Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Ave.

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.