

FILED MAY 15 1943

Registration District No. 317

Primary Registration District No. 2069

Registrar's No. 1068

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town University City
(If outside city or town limits, write "RURAL")

(d) Street No. 7379 Pershing Ave.
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME Charles Arthur Moss

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

3. (c) Social Security No. 492-03-4369

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3
year 1943 hour 6 minute 30 P.A.M.

4. Sex Male

5. Color of race White

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

6. (b) Name of husband or wife Susie Moss

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased May 20, 1883
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 5
43 to May 3, 1943

that I last saw her alive on May 3, 1943
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

59	11	13hr.min.
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Immediate cause of death Embolic stroke

Brain

Superficial cerebral arteries

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

Due to Myocardial infarction of heart

Due to Arterial thrombosis of left ventricle

10. Usual occupation Chief Clerk

11. Industry or business Powder Mfg. Co.

Other conditions Myocardial infarction
(Include pregnancy within 3 months of death)

12. Name Herman Moss

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Mathelda Schleninger

15. Birthplace Germany
(City, town, or county) (State or foreign country)

Major findings: Chronic congestive heart failure

Of operations Renal calculus Right

Arteriosclerosis

Of autopsy Same 4/3/43

16. (a) Informant Mrs. Susie Moss

(b) Address 7379 Pershing Ave.

22. If death was due to external causes, fill in the following:

17. (a) Burial (b) Date thereof May 6, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cm.

(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?
.....

18. (a) Signature of funeral director Weick Bros.

(b) Address 2201 S. Grand Bl.

19. (a) MAY 7 - 1943 (b) C. J. McClaren
(Date received local registrar) (Registrar's signature)

While at work?.....
(Specify type of place)

(e) Means of injury.....

23. Signature James P. Wade (M. D. or other) M.D.

Address 704 No. T. Lake Blvd. Date signed 5/4/43

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

3086

96
3
5

MOTHER FATHER

MAY 18 1943

[Handwritten signature]

Mr. Theodor Bly
1540 m.
Mr. Swartz

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 *William J. Hiram*.....

Licensed Embalmer No. 4319.....

P. O. Address St. Louis, Mo.

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.