

FILED OCT 19 1943 318

1003

Registrar's No. 8832

Registration District No.

Primary Registration District No.

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:
En Route to Home Phillips 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..... (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 19⁰⁰⁰ 11 9
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4181 Delmar Blvd
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Martin S. Mosley

3. (b) If veteran, name war No 3. (c) Social Security No. 490-09-5403

4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Hester Mosley 6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased November 14, 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 10 19 hr. min.

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

10. Usual occupation Chef Cook

11. Industry or business

MOTHER FATHER { 12. Name Webster Mosley
13. Birthplace Montgomery Alabama
(City, town, or county) (State or foreign country)
14. Maiden name Eliza English
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Chas. English

(b) Address 4181 Delmar Blvd.

17. (a) Removal (b) Date thereof 10/7/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Jefferson City, Mo.

18. (a) Signature of funeral director R. M. C. Green

(b) Address 3517 Laclede Avenue

19. (a) OCT 6 1943 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 3
year 1943 hour 9:50 minute 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.

Immediate cause of death Chronic Myocarditis

Due to.....

Due to.....

Other conditions 92
(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?

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

23. Signature Alfred J. Curry (M. D. or other).....

Address Deputy Coroner Date signed 10/6/43

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 *P. M. Green*

Licensed Embalmer No. *1173*

P. O. Address *3517 So. 4th St. Okla. City*

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.