

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 1461

FILED FEB 28 1944  
Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.  
 (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:  
5707 Mc Pherson  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
Lifetime  
 In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Phillips W. Moss  
 3. (b) If veteran, name war Spanish-American  
 3. (c) Social Security None

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Vida G Moss  
 6. (c) Age of husband or wife if alive 61 years  
 7. Birth date of deceased Nov 6, 1874  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
69 3 7 hr. min.

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

10. Usual occupation Lawyer

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Charles Leroy Moss  
 13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)  
 14. Maiden name Anna Phillips  
 15. Birthplace Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs P.W. Moss

(b) Address 5707 McPherson

17. (a) Cremation (b) Date thereof Feb. 15, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Wagoner Mortuary

(b) Address 4161 Lindell Blvd.

19. (a) FEB 15 1944 (b) J. J. Bredenk  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 5707 McPherson  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 13  
 year 1944 hour 7 minute 20 P. 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 Crack skull, subdural hemorrhage of brain when deceased jumped from floor of bath room windows of this apartment at 5707 McPherson Ave. City 13 1944 at home 7:15 PM  
 Duration \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 164  
 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) suicide  
 (b) Date of occurrence Feb 13 1944  
 (c) Where did injury occur? at home  
(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)  
 Means of injury fall

23. Signature Wagoner Mortuary (M. D. or other) \_\_\_\_\_  
 Address \_\_\_\_\_ Date signed 2/15/44

**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 Melvin J. Kemper

Licensed Embalmer No. 4052

P. O. Address 4005 Lexington

**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.**