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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1944

Registration District No. 3 1 4

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 8335

Primary Registration District No. 6076

Registrar's No. 583

**1. PLACE OF DEATH:**
(a) County: St. Louis
(b) City or town: Lemay
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 8432 Tennessee-Lemay, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

**2. USUAL RESIDENCE OF DECEASED:**
(a) State: Missouri (b) County: St. Louis
(c) City or town: Lemay
(If outside city or town limits, write "RURAL")
(d) Street No.: 8432 Tennessee,
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

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3. (a) PRINT FULL NAME: FANNIE MOSS

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

3. (c) Social Security No.: none

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: John Moss

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

7. Birth date of deceased: September (Month) 26 (Day) 1856 (Year)

8. AGE: Years 87 | Months 5 | Days 9 | If less than one day ..... hr. ..... min.

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

10. Usual occupation: At Home

11. Industry or business: --------

MOTHER FATHER
12. Name: Moses Holt
13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)

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

16. (a) Informant: Mrs. Ellis, --daughter
(b) Address: 8432 Tennessee, Lemay, Mo.

17. (a) removal by rail (Burial, cremation, or removal) (b) Date thereof: 3-7-1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Springfield, Missouri

18. (a) Signature of funeral director: C. Hoffmeister U. & L. Co.
(b) Address: 7814 South Broadway, St. Louis, Mo.

19. (a) MAR 8 1944 (Date rec'd by local registrar) (b) E. S. McGavran, M.D. (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 6th year 1944 hour 1 minute 25 P. M.

21. I hereby certify that I attended the deceased from 2-20-44, 19..., to 3-6, 1944, that I last saw h. alive on 3-6, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death: Ac dilation of heart — Duration: 1/2 day
Due to: Chronic myocarditis — 5 yr
Due to: Hypertension
Due to: Coronary vascular disease

Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations:
Of autopsy: 9 3/4

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): No
(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: E. D. Crecelius (M. D. or other)
Address: 748 Lenox, Kirkwood, Mo. Date signed 3/7/44

707 (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 Linus C. Hoffmeister, Registered Apprentice No. _____, working under my personal supervision.

Signed Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S Broadway.

**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.**