

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2650

1. PLACE OF DEATH:

(a) County.....

(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:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2edays (Specify whether
In this community 21 yrs (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
17

(c) City or town St. Louis, Mo. (If outside city or town limits, write "RURAL")
9 25

(d) Street No. 615 Walnut St. (If rural, give location)

(e) Citizen of foreign country? ---- (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME George Moss

3. (b) If veteran, name war Pensioner 3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Cora 6. (c) Age of husband or wife if alive 7 years

7. Birth date of deceased December 1st, ?
(Month) (Day) (Year)

8. AGE: Years abt - 72 Months Days If less than one day hr. min.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20th year 1944 hour 4:05 minute A.M.

21. I hereby certify that I attended the deceased from March 18th 19 44 to March 20th 44

that I last saw him alive on March 20th 19 44 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis Duration

Due to ---

Due to ---

Other conditions (Include pregnancy within 3 months of death) 83

Major findings: Of operations _____ Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

10. Usual occupation Pensioner

11. Industry or business ---

MOTHER, FATHER { 12. Name George
13. Birthplace unk. (City, town, or county) (State or foreign country)
14. Maiden name Mary Elizabeth
15. Birthplace unk. (City, town, or county) (State or foreign country)

16. (a) Informant M. Renard
(b) Address St. Louis City Hospital
Antoinette Bon... (Burial, cremation, or removal) St. Louis, Mo. (City or town) (County) (State) (Year)

(c) Place: burial or cremation St. Louis, Mo.

18. (a) Signature of funeral director W. R. R... (Specify type of place) (b) Address 3500 Rutledge (c) Means of injury

19. (a) MAR 29 1944 (b) J. J. ... (Registrar's signature)

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? _____

23. Signature Gray ... (M. D. or other) h.c.
Address 1515 Lafayette Date signed 3/20/44

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 Apprntice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.