

No. 2
5-43
17-39
X36871

FILED MAY 29 1944

State File No. _____

Registration District No. 270

Primary Registration District No. 3058

Registrar's No. 76

1. PLACE OF DEATH:

(a) County St. Charles

(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 9 days (Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town St. Charles
(If outside city or town limits, write "RURAL")

(d) Street No. 2031 N. Fifth Street
(If rural, give location)

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

3. (a) PRINT FULL NAME Mrs. Celia Moseley

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female Color or race White

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

6. (b) Name of husband or wife George Moseley

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased February 27, 1891
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9
year 1944 hour 2 minute 45 P. M.

21. I hereby certify that I attended the deceased from May 1, 1944 to May 9, 1944
that I last saw him alive on May 9, 1944
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>53</u>	<u>2</u>	<u>12</u>	hr. min.

Immediate cause of death Uremia

Due to	Duration
<u>Cardio-Renal Disease</u>	<u>?</u>
<u>Hypertension</u>	<u>?</u>
Other conditions <u>Bronchitis Pneumonia</u>	<u>10 days</u>

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Donnenbrink

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

14. Maiden name Unknown

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

16. (a) Informant George Moseley

(b) Address St. Charles, Mo

17. (a) Burial (b) Date thereof May 12, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Heckmann Bauer

(b) Address 376 N. 6th St. St. Charles, Mo

19. (a) May 12, 1944 (b) Ernest C. Paul
(Date received local registrar) (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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature [Signature] (M. D. or other)
Address [Signature] Date signed 5-10-44

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

92
7
3

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1340

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed 5-26-44

MAY 29 1944

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 _____

Arthur C. Bane

Licensed Embalmer No. 3155

P. O. Address _____

St. Charles 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.