

FILED JAN 20 1945
913

Registration District No.

Primary Registration District No. 1005

Registrar's No. 444

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:
HOWER G. PHILLIPS HOSPITAL
(If not in hospital or institution, write street number and location)
12 HRS U
(d) Length of stay: In hospital or institution. 1 1/2 yrs
(Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2116 Biddle
(If rural, give location)
(e) Citizen of foreign country? U (Yes or No)
If yes, name country U

3. (a) PRINT FULL NAME

MARYLYN MOSS

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE

5. Color or race Col.

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

6. (b) Name of husband or wife

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

7. Birth date of deceased 5 16 43
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>1</u>	<u>7</u>	<u>16</u>	hr. min.

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

10. Usual occupation

11. Industry or business

12. Name ALEXANDER MOSS

13. Birthplace ST. LOUIS MOSS I
(City, town, or county) (State or foreign country)

14. Maiden name WILLIE WILSON

15. Birthplace St. Louis MO. U
(City, town, or county) (State or foreign country)

16. (a) Informant WILLIE MOSS

(b) Address 2116 Biddle

17. (a) Burial (b) Date thereof 1 6 45
(Burial, cremation, or entombment) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Wm. G. Barrett

18. (a) Signature of funeral director Wm. G. Barrett

(b) Address 2834 S. Amber

19. (c) JAN 6 1945 (Date received local registrar) (d) J. F. Brudeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 2 year 1945 hour 6 minute 25 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to 108

Other conditions (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? _____

(Specify type of place) While at work? _____ (e) Means of injury 9

23. Signature Alfred J. Perry (M. D. or other) _____ Date signed 1/6/45

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

MOTHER FATHER

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 Chas. L. Howe C

Licensed Embalmer No. 2452

P. O. Address. 2834 Gamble

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.