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DM—8-43
v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 28 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22342

Registration District No. 318 Primary Registration District No. 1006 Registrar's No. 6337

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Marys Inf. O (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mos. (Specify whether years, months or days) In this community 2 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Ill (b) County Dollar 999
(c) City or town East St Louis 11 (If outside city or town limits, write "RURAL")
(d) Street No. 2446 Gaty Ave. (If rural, give location) Ward 2 R
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME EMMETT MOSLEY
3. (b) If veteran, name war none
3. (c) Social Security No. 348-05-5438
4. Sex Male
5. Color or race Colored
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Minnie Mosley
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased Feb (Month) 20 (Day) 1884 (Year)

8. AGE: Years	Months	Days	If less than one day
61	4	29	hr. min.

9. Birthplace West Point (City, town, or county) Miss. (State or foreign country)
10. Usual occupation Janitor
11. Industry or business City School
FATHER
12. Name Wm H. Mosley
13. Birthplace Miss. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Charlotte Mosley
15. Birthplace Miss. (City, town, or county) (State or foreign country)
16. (a) Informant Minnie Mosley
(b) Address 2446 Gaty East St Louis Ill
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof July 23 1945 (Month) (Day) (Year)
(c) Place: burial or cremation East St Louis Ill
18. (a) Signature of funeral director J. Marshall
(b) Address 2205 Mo. Ave. E. St Louis Ill
19. (a) JUL 23 1945 (Date received local registrar) (b) J. F. Bendick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19 year 1945 hour 6 minute 10 P. M.
21. I hereby certify that I attended the deceased from 5/9 1945 to 7/19 1945 that I last saw him alive on 7/19 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cancer of Stomach	1 yr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Cancer of Pylorus
Of autopsy Cancer of Pylorus with involvement of liver

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

23. Signature W. A. Barnett (M. D. or other)
Address 15a N. Main St. E St. Louis Ill Date signed 7/23/45

(Licensed Embalmer's Statement on Reverse Side)

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 Me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Ben H. Baldwin

Licensed Embalmer No. 2420

P. O. Address East St Louis Ills

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.