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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4087

FILED JAN 26 1946

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 183

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town 8125 GRAVOIS AVE (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: MILLER NURSING HOME 4 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 MONTHS (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County JEFFERSON ST

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

(d) Street No. NEAR BARNHART - Mo (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country — — —

3. (a) PRINT FULL NAME ADA G. MOSS

3. (b) If veteran, name war — — —

3. (c) Social Security No. — —

4. Sex F. 1

5. Color or race W.

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

6. (b) Name of husband or wife CHARLES MOSS

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

7. Birth date of deceased APR. (Month) 27 (Day) 1873 (Year)

8. AGE: Years 71 Months 8 Days 22 If less than one day ..... hr. ..... min.

9. Birthplace COVINGTON (City, town, or county) KY. 1 (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business HOME

FATHER
12. Name AUGUSTUS WEAVER
13. Birthplace UNKNOWN (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name SARAH McLAUGHLIN
15. Birthplace ? (City, town, or county) ENGLAND 4 (State or foreign country)

16. (a) Informant MRS EDNA VAN AMBURG

(b) Address BARNHART - Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN 22 1946 (Month) (Day) (Year)

(c) Place: burial or cremation BELLEFOUNTAINE - Cem.

18. (a) Signature of funeral director HEILIGTAG FUN HOME

(b) Address KIMMSWICK Mo.

19. (a) 1-22-46 (Date received local registrar) (b) E G McGovern M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 19 year 1946 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from Feb. 9th, 1945 to Jan. 19th, 1946 that I last saw her alive on Jan. 18th, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Myocarditis	3 days
Due to: 930	
Due to: Chronic Arteriosclerosis and	
Other conditions (Include pregnancy within 3 months of death): Cerebral Hemorrhage left side 6 Months	

Major findings:
Of operations no
Of autopsy no

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 Dr. W. H. Walter (M. D. ~~or other~~)

Address 3608 S. Grand Blvd. Date signed 1/21/46

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(Licensed Embalmer's Statement on Reverse Side)

OCT 1 1940

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 W. Heilington

Licensed Embalmer No. 3872

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.