S. No. 2
M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14396

FILED MAY 6 1946

Registration District No. 377

Primary Registration District No. 6076

Registrar's No. 951

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Creve Coeur
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Manchester Nursing Home 4
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1337 Goodfellow 9
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME HARRY MOSS

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex male

5. Color or race white

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

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

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

7. Birth date of deceased October (Month) 19 (Day) 1946 (Year)

8. AGE: Years 5 | Months 6 | Days 9 | If less than one day ..... hr. ..... min.

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

10. Usual occupation none

11. Industry or business .....

FATHER
12. Name Barney Moss
13. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Clara Cuttler
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Barney Moss
(b) Address 1337 Goodfellow

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4/29/46 (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 McPherson Ave.

19. (a) 5-1-46 (Date received local registrar) (b) E G McGarran MD (Registrar's signature) JS

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28 year 1946 hour 10 55 minute P M.

21. I hereby certify that I attended the deceased from Feb 3, 1946, to April 28, 1946 that I last saw him alive on April 27, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Hydrocephalus

Due to 1570

Due to .....

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

Major findings:
Of operations .....
Of autopsy .....

Duration

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 0

23. Signature C H Denny (M. D. or other) MD

Address Creve Coeur, Mo Date signed 4-29-46

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....4229.....

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.