V. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15041

FILED APR 18 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3255

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: Barnes Hospital
(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 Jefferson 50

(c) City or town De Soto 21
(If outside city or town limits, write "RURAL")

(d) Street No. N.R. 2
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME John Ervin Moss

3. (b) If veteran, name war Nil

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

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

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

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

7. Birth date of deceased July (Month) 4 (Day) 1917 (Year)

8. AGE: Years 28 Months 9 Days 4 If less than one day hr. min.

9. Birthplace De Soto (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Concrete Block Worker

11. Industry or business

FATHER
12. Name John Moss
13. Birthplace Goldman (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Hattie Sisk
15. Birthplace Iron County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant John Moss
(b) Address De Soto, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-10-46 (Month) (Day) (Year)
(c) Place: burial or cremation De Soto, Missouri

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) APR 8 1946 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8 year 1946 hour 2:30 minute A. M.

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

Immediate cause of death Extensive second and third degree burns of 60% of the body received when a gasoline container burned causing the fumes to become ignited from a coal oil stove in the home R.R. Summit Road Star Route De Soto Missouri around 10.00 P.M.

Duration

Due to

Other conditions 21. 1946
(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) Accident

(b) Date of occurrence Jan. 21. 1946 0.00

(c) Where did injury occur? St. Louis (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? (e) Means of injury Yes above

23. Signature Alrick E. Taylor (M. D. or other)

Address Dep. Coroner Date signed 4/8/46

(Licensed Embalmer's Statement on Reverse Side)

MAY 16 [illegible]

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 Henry M. Brammer

Licensed Embalmer No. 4200

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.