S. No. 2
M—8-43
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I X37823

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. 6368

Registration District No. FILED MAR 14 1947 318

Primary Registration District No. 7003

Registrar's No. 2331

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: 1119 N. Channing ave 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 1 yr years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 21 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 1119 N. Channing ave (If rural, give location) 9
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sarah Hairston

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F 3

5. Color or race C

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

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 23 (Day) 1871 (Year)

8. AGE: Years 75 Months 11 Days 9 If less than one day hr. min.

9. Birthplace Columbus (City, town, or county) Miss 1 (State or foreign country)

10. Usual occupation nil

11. Industry or business

FATHER
12. Name Humphrey Mosby
13. Birthplace Columbus (City, town, or county) Miss 1 (State or foreign country)

MOTHER
14. Maiden name Sarah Mosby
15. Birthplace Columbus (City, town, or county) Miss 1 (State or foreign country)

16. (a) Informant Humphrey Hawston
(b) Address 1101 N. Leonard ave

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-8-47 (Month) (Day) (Year)
(c) Place: burial or cremation Columbus Miss

18. (a) Signature of funeral director J. H. Randle & Son
(b) Address 3133 Bell ave

19. (a) MAR 6 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2 year 1947 hour 4 AM minute M.

21. I hereby certify that I attended the deceased from Feb. 24, 1947, to May 2, 1947 that I last saw h alive on mar 1st, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death ~~Cerebral~~ Cerebral Hemorrhage — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 8 2

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 0

23. Signature B. W. Satterfield (M. D. or other)
Address 1408 N. Grand. Date signed 3-4-47

(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 L. J. Watson

Licensed Embalmer No. 269 P

P. O. Address 2769 Oborne

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.