

S. No. 2  
M-12.45  
v. 5-17-39  
I 70

**FILED** AUG 18 1947

Registration District No. \_\_\_\_\_

Primary Registration District No. **6076**

Registrar's No. **1662**

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

1. PLACE OF DEATH:

(a) County **ST. LOUIS**  
(b) City or town **OVERLAND**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**2125 LACKLAND 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 **20 years**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **ST LOUIS 96**  
(c) City or town **OVERLAND 12**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2125 LACKLAND 1**  
(If rural, give location)  
(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **MARIA MAY MOSLEY**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **NONE**

4. Sex **FEMALE** / 5. Color or race **WHITE**  
6. (a) Single, widowed, married, divorced **WIDOW**  
6. (b) Name of husband or wife **RICHARD H. MOSLEY**  
6. (c) Age of husband or wife if alive **DCD.** years  
7. Birth date of deceased **AUG 15 1870**  
(Month) (Day) (Year)

8. AGE: Years **76** Months **11** Days **17** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

10. Usual occupation **HOUSE WORK**

11. Industry or business **AT HOME**

MOTHER FATHER {  
12. Name \_\_\_\_\_ **FOLK**  
13. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)  
14. Maiden name **N.R.**  
15. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

16. (a) Informant **CARL E. MOSLEY**  
(b) Address **2125 LACKLAND**

17. (a) **REMOVAL** (b) Date thereof **8-4-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **BEDFORD IOWA**

18. (a) Signature of funeral director **BAUMANN BROTHERS INC**  
(b) Address **2504 WOODSON OVERLAND, MO**

19. (a) **8-7-47** (b) \_\_\_\_\_ (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **AUG** day **2**  
year **1947** hour **10** minute **30A.M.**  
21. I hereby certify that I attended the deceased from **10-20**  
**1945** to **8-2-1947**  
that I last saw her alive on **8-1-1947**  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**Pancreas & Stomach**  
Duration **2 yrs.**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_ **468**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause of 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_  
23. Signature **Herman Kleber M.D.** (M. D. or other) \_\_\_\_\_  
Address **9621 Bedford Rd** Date signed **8-2-47**

MAR 18 1949

MAR 16 1949

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 Oscar J. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 14 Mo

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.