S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 11 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33330

Registration District No. 577 Primary Registration District No. 6076 Registrar's No. 2024

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 8820 Blewett
(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 St. Louis 96

(c) City or town Jennings
(If outside city or town limits, write "RURAL") 0

(d) Street No. 8820 Blewett
(If rural, give location) 0

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Edwin M. Moseley

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widower 21

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

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

7. Birth date of deceased June (Month) 19 (Day) 1867 (Year)

8. AGE:

Years	Months	Days	If less than one day
80	3	6	..... hr. ..... min.

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

10. Usual occupation Shoeworker

11. Industry or business .....

FATHER
12. Name Peter Moseley
13. Birthplace ..... (City, town, or county) Unknown (State or foreign country) 9

MOTHER
14. Maiden name Unknown
15. Birthplace ..... (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Clara Meyer
(b) Address 8820 Blewett

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-28-47 (Month) (Day) (Year)
(c) Place: burial or cremation Wentzville, Mo.

18. (a) Signature of funeral director T. E. Pitman
(b) Address Wentzville, Mo.

19. (a) 9-30-47 (Date received local registrar) (b) Cecil J. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 25
year 1947 hour 12 minute 40 P.M.

21. I hereby certify that I attended the deceased from 3-27, 1939, to 5/13, 1947 that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocardial	
Due to	
Due to 93d	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of 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 Dr. H. J. Stein (M. D. ~~or other~~)

Address 4807 W. Florissant Date signed 9-26-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

2293

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 W. 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.