

FILED APR 23 1948 318

1003

Registrar's No. 3450

Registration District No. _____ Primary Registration District No. _____

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..... HOWER G. PHILLIPS HOSPITAL
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... 4 DAYS
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... St. Louis
 (c) City or town..... St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 316 N. Ewing ave
21 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME..... Lillie Bell Mosby
 3. (b) If veteran, name war.....
 3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... April Day..... 8
 Year..... 1948 hour..... minute..... 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. Duration
 Immediate cause of death.....

4. Sex..... Female 5. Color or race..... Coe
 6. (a) Single, widowed, married, divorced..... married
 6. (b) Name of husband or wife..... Richard Mosby
 6. (c) Age of husband or wife if alive..... 56 years
 7. Birth date of deceased..... April 27 1893
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 11 9 hr. min.

9. Birthplace..... Chattanooga Tenn.
 (City, town, or county) (State or foreign country)

10. Usual occupation..... Housewife

11. Industry or business.....

12. Name..... Louis Perryman

13. Birthplace..... Atlanta Ga.
 (City, town, or county) (State or foreign country)

14. Maiden name..... Olivia Williams

15. Birthplace..... Buckhead Ga.
 (City, town, or county) (State or foreign country)

16. (a) Informant..... Mother Perryman

(b) Address..... 2924 1/2 Olive St

17. (a) Burial (b) Date thereof..... 4-12-48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Washington M.

18. (a) Signature of funeral director..... J. Randall Pison
 (b) Address..... 3133 Bell ave

19. (a) APR 2 1948 (b) J. F. Brebeck
 (Date received local registrar's certificate) (Registrar's signature)

Due to..... Cerebral Apoplexy
 Due to.....
 Other conditions.....
 (Includes pregnancy within 3 months of death)
 Major findings:
 Of operations.....
 Of autopsy.....

MOTHER FATHER

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?..... (Specify means of injury) B
 23. Signature..... Walter J. Perry (M. D. or other)
Deputy Coroner Date signed 4/7/48

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

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

J. J. Watson
Licensed Embalmer No. *2698*

P. O. Address *2769 Chouteau*

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.