

FILED APR 2 1949

STANDARD CERTIFICATE OF DEATH

State File No. 10961

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3070 Registrar's No. 562

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence, before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>Pike</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Webster Groves</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Bowling Green</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Glenwood Sanatorium</b>		d. STREET ADDRESS (If rural, give location) <b>1</b>	

3. NAME OF DECEASED (Type or Print) <b>Nota</b>			a. (First)			b. (Middle)			c. (Last) <b>Moseley</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 16 49</b>						
5. SEX <b>F</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>W</b>		8. DATE OF BIRTH <b>June 25, 1882</b>			9. AGE (In years last birthday) <b>66</b>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HRS. Hour		IF UNDER 1 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) <b>Curryville Mo</b>				12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>						

13a. FATHER'S NAME <b>Wm K Biss</b>			13b. MOTHER'S MAIDEN NAME <b>Martha Hawkins</b>			14. NAME OF HUSBAND OR WIFE <b>Ray J Moseley</b>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Family records</b>		ADDRESS <b>Glenwood Sanatorium</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary heart disease</b>						INTERVAL BETWEEN ONSET AND DEATH <b>Months</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>4201</b> DUE TO (c) <b>940</b>							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arteriosclerosis, general</b>							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **18<sup>th</sup> June**, 1948, to **16<sup>th</sup> Mar**, 1949, that I last saw the deceased alive on **15<sup>th</sup> Mar**, 1949, and that death occurred at **7:55 P m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Paul Hines</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>1300 Grant Rd. Webster Groves Mo</b>		23c. DATE SIGNED <b>3/16/49</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>March 18 49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>City Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Bowling Green Mo</b>	
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DATE REC'D BY LOCAL REG. <b>3-19-49</b>		REGISTRAR'S SIGNATURE <b>Thuid L. Perry</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert H. Hoppe</b>		ADDRESS <b>4700 Washington Blvd.</b>	
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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7  
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APR 19 1950

JUN 12 1950

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, ~~only~~ .....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Elton R. Remelius .....

Licensed Embalmer No. 4283 .....

P. O. Address St. Louis, 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.