

FILED JUL 7 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22147

State File No. 1435

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1435

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>was</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Koch (rural)</u> c. LENGTH OF STAY (In this place) <u>580 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> <u>17</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Robert Koch Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>202 N. Jefferson</u> <u>1</u>	

3. NAME OF DECEASED (Type or Print) <u>Lee</u>	a. (First)	b. (Middle) <u>Otis</u>	c. (Last) <u>Moss</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 9, 1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>7-1-14</u>	9. AGE (In years last birthday) <u>34</u>	If UNDER 1 YEAR Months	If UNDER 1 YEAR Days	If UNDER 1 HRS. Hours	If UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Musician</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>E. St. Louis, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Willie Moss</u>	13b. MOTHER'S MAIDEN NAME <u>Ollie Curry</u>	14. NAME OF HUSBAND OR WIFE <u>Earlean Vaughn Moss</u>
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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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>486-12-2786</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Records, Koch Hospital</u>	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 1/2 yrs (?)</u>
	ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Tbc. Meningitis</u>		<u>13 hrs</u>	<u>3 weeks?</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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 11-7-47, 1947, to 6-9-, 1949, that I last saw the deceased alive on 6-9-, 1949, and that death occurred at 5:15P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. W. Beckham, M.D.</u>	23b. ADDRESS <u>Robert Koch Hospital</u>	23c. DATE SIGNED <u>6-10-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>6-17-49</u>	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY <u>New Richmond Callaway R.F.D. Fowler</u>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <u>6-17-49</u>	REGISTRAR'S SIGNATURE <u>Harold B. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>A. G. Freeman</u>	ADDRESS
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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 <sup>NOT</sup> was embalmed by me, or by not

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*A. G. Freeman*

Licensed Embalmer No. 2837

P. O. Address Columbia 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.