

FILED OCT 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32569

State File No.

| | | | | |
|--|-------------------------------|---|---------------------------------------|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>317</u> | PRIMARY REG. DIST. NO. <u>4467</u> | Registrar's No. <u>3092</u> |
| 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>Pike</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Valley Park</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Bowling Green</u> | | |
| c. LENGTH OF STAY (in this place) <u>4</u> townships | | d. STREET ADDRESS (If rural, give location) <u>Unknown</u> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Moll Nursing Home.</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> | | b. (Middle) <u>F.</u> | | c. (Last) <u>Moseley</u> |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 17, 1949</u> | | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Dec. 25, 1878</u> | 9. AGE (In years last birthday) <u>70</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>salesman</u> | | 11. BIRTHPLACE (State or foreign country) <u>Bowling Green, Mo.</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | | | | |
| 13a. FATHER'S NAME <u>James Moseley</u> | | 13b. MOTHER'S MAIDEN NAME <u>Belle Hedges</u> | | 14. NAME OF HUSBAND OR WIFE <u>Helen Moseley</u> |
| 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>Unknown</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Helen Moseley, Bowling Green, Mo.</u> |
| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage (left)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardio-</u> DUE TO (c) <u>vascular disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Advanced Cerebral Arteriosclerosis</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>5 da.</u> <u>3 3/4</u> <u>hr</u> |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY?/ YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 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) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? |
| 22. I hereby certify that I attended the deceased from <u>Aug 1, 1949</u> , to <u>Sept. 17, 1949</u> , that I last saw the deceased alive on <u>Sept 16, 1949</u> , and that death occurred at <u>10:15 p m.</u> , from the causes and on the date stated above. | | | | |
| 23a. SIGNATURE (Degree or title) <u>Olshabaugh M.D.</u> | | 23b. ADDRESS <u>Webster Groves Mo</u> | | 23c. DATE SIGNED <u>9-19-49</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u> | | 24b. DATE <u>9-20-49</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla</u> |
| 24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u> | | | | |
| DATE REC'D BY LOCAL REG. <u>9-26-49</u> | | REGISTRAR'S SIGNATURE <u>Herbert R. Hendricks</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe, 4700 Washington Blvd.</u> |

(Licensed Embalmer's Signature on Reverse Side)

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

JAN 18 1950

NOV 26 1951

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Almo P. Padwell

Licensed Embalmer No. 4077

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.