

FILED DEC 18 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 42635  
1003  
Registrar's No. 10383

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY 0			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY 2219			
b. CITY (If outside corporate limits, write RURAL and give township) ST LOUIS		c. LENGTH OF STAY (in this place) 9 DAYS	c. CITY (If outside corporate limits, write RURAL and give township) ST LOUIS		0	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>MONYER PHILLIPS HOSPITAL</u>			2 STREET ADDRESS (If rural, give location) <u>2915. Laclade ar</u>			
3. NAME OF DECEASED (Type or Print) MAUD		a. (First)	b. (Middle)	c. (Last) MOSS	4. DATE OF DEATH (Month) (Day) (Year) 12 4 50	
5. SEX 3 FEMALE	6. COLOR OR RACE Col	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW 2	8. DATE OF BIRTH 2/16/1899	9. AGE (In years last birthday) 51	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) GREENFIELD TENN		12. CITIZEN OF WHAT COUNTRY? US	
13a. FATHER'S NAME MONROE RICHIE		13b. MOTHER'S MAIDEN NAME FANNIE DUNLAP		14. NAME OF HUSBAND OR WIFE BAXTER MOSS DR		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME CARRIE ALLEN				ADDRESS

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH Undet.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Leiomyosarcoma of uterus with metastases</u>		ANTECEDENT CAUSES <u>Metastases</u>					
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)					
		DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>							

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? 173X		

22. I hereby certify that I attended the deceased from 11-26, 1950, to 12-4, 1950, that I last saw the deceased alive on 12-4, 1950, and that death occurred at 7:40p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wm. P. Sweeney M.D.</u>		23b. ADDRESS 2601 N Whittier St		23c. DATE SIGNED 12-6-50		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12/9/50	24c. NAME OF CEMETERY OR CREMATORY FAIRY DICKSON	24d. LOCATION (City, town, or county) (State) ST. LOUIS - Co MO			
DATE REC'D BY LOCAL REG. DEC 6 1950		REGISTRAR'S SIGNATURE <u>J. B. Foster</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Bush Lewis 22 E. Clid. ar. W. 3rd</u>		

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed AP Richardson

Licensed Embalmer No. 2928

P. O. Address 2625 Glasgow

**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.