

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH 3063

State File No. \_\_\_\_\_

1952 APR 19

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6063 Registrar's No. 942

1. PLACE OF DEATH a. COUNTY <u>St. Louis County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missour</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clayton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>77 OR Kirkwood</u>	
c. LENGTH OF STAY (In this place) <u>30 Yrs</u>		d. STREET ADDRESS (If rural, give location) <u>341 Saratoga St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ELLIS</u> b. (Middle) <u>Albert</u> c. (Last) <u>MOSLEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 6 1952</u>		
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>Feb. 12, 1885</u>		9. AGE (In years, last birthday) <u>67</u>		10. F UNDER 1 YEAR <u>1</u> DAY <u>26</u> HOURS <u></u> MIN. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Labor</u>		11. BIRTHPLACE (State or foreign country) <u>Lauderdale Miss.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Thomas Mosley</u>		13b. MOTHER'S MAIDEN NAME <u>Fannie Stewart</u>		14. NAME OF HUSBAND OR WIFE <u>Fannie Mosley</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>493-07-7439</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Fannie Mosley</u> ADDRESS <u>341 Saratoga St.</u>	
---	--	--	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>  ANTECEDENT CAUSES Morbid 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>Dehydration</u> <u>Cachexia</u>				INTERVAL BETWEEN ONSET AND DEATH	
---	--	--	--	--	--	----------------------------------	--

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 4-5-1952 to 4-6-1952, that I last saw the deceased alive on 4-6-1952, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ernest H. Schaper, M.D.</u>		23b. ADDRESS <u>601 S. Brentwood Clayton 5, Mo.</u>		23c. DATE SIGNED <u>4-6-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr. 12, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Father Dickson</u>	
		24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u>			

DATE REC'D BY LOCAL REG. <u>4-9-52</u>		REGISTRAR'S SIGNATURE <u>Herbert P. Donke M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John H. Hempill</u> ADDRESS <u>408 S. Fillmore</u>	
--	--	--	--	--	--

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

1002  
0

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.....

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed.....  
*J. C. [Signature]*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4441

P. O. Address 428 1/2 Fullwood

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.