

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 18339  
 4275

MAY 19 1952

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. 1003	Registrar's No. 4275
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2179		
d. FULL NAME OF HOSPITAL OR INSTITUTION 2029a Alfred Ave.		d. STREET ADDRESS (If rural, give location) 17 2029a Alfred Ave.		
3. NAME OF DECEASED (Type or Print) ANNA		a. (First) L.	b. (Middle)	c. (Last) MOSS
4. DATE OF DEATH (Month) (Day) (Year) May 5 1952				
5. SEX / Female	6. COLOR OR RACE / White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) / Widow		8. DATE OF BIRTH / July 29, 1864
9. AGE (In years last birthday) / 87		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) / Housework	11. BIRTHPLACE (State or foreign country) / Elkhart, Indiana	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME / Joseph Singler		13b. MOTHER'S MAIDEN NAME / Hager Crowell		14. NAME OF HUSBAND OR WIFE / Late William H. Moss
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) / No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Beatrice Vollmer 2029a Alfred Ave.
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cerebro Sclerotic DUE TO (c) Heart disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 4 hrs Heart Failure
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? / 4201
22. I hereby certify that I attended the deceased from June 1952 to May 1952, that I last saw the deceased alive on May 5 <sup>th</sup> , 1952, and that death occurred at 9:12 P.M., from the causes and on the date stated above.				
23a. SIGNATURE / <i>Clayton M. Smith</i> (Degree or title)		23b. ADDRESS / 26320 Kingshighway		23c. DATE SIGNED / 5-6-52
24a. BURIAL, CREMATION, REMOVAL (Specify) / Removal		24b. DATE / May 8, 1952		24c. NAME OF CEMETERY OR CREMATORY / Valhalla Cemetery
				24d. LOCATION (City, town, or county) (State) / St. Louis Co. Mo.
DATE REC'D BY LOCAL REGISTRY / MAY 7 1952		REGISTRAR'S SIGNATURE / <i>J. Earl Smith, M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS / Kriegshauser 4228 S. Kingshighway Bl

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 Richard W. Stovesand

Licensed Embalmer No. 4007

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.