

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23167

State File No.

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

FILED JUN 21 1952

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>1517</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>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lemay</u>			c. LENGTH OF STAY (In this place) <u>5 YEARS</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Lemay</u>		d. STREET ADDRESS (If rural! give location) <u>820 Wachtel Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>820 Wachtel Ave.</u>				d. STREET ADDRESS <u>820 Wachtel Ave.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sally</u> b. (Middle) <u>Jean</u> c. (Last) <u>Moss</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 8, 1952</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Jan. 27, 1938</u>		9. AGE (In years last birthday) <u>14</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>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>School</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Jewett, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Everett Moss</u>			13b. MOTHER'S MAIDEN NAME <u>Irene Spain</u>		14. NAME OF HUSBAND OR WIFE <u>None</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <u>Everett Moss, 820 Wachtel Ave.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brain Tumor - Pontine</u>					INTERVAL BETWEEN ONSET AND DEATH <u>About 7 months</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	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.							
19a. DATE OF OPERATION <u>10/10/52</u>	19b. MAJOR FINDINGS OF OPERATION <u>(Ventriculogram)</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input checked="" 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>7 January, 1952</u> , to <u>18 April, 1952</u> , that I last saw the deceased alive on <u>18 April, 1952</u> , and that death occurred at <u>11:20 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) <u>E. H. Smolik / J. P. Nash M.D.</u>				23b. ADDRESS <u>3720 Washington Blvd S., Linn Mo</u>		23c. DATE SIGNED <u>9 June 52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>6-9-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ev. Masonic</u>		24d. LOCATION (City, town, or county) (State) <u>Fredericktown, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>6-9-52</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donke MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe, 4700 Washington Blvd</u>			

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

John J. Harris

Licensed Embalmer No. *4/08*

P. O. Address *Harris 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.