

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

23050

State File No. _____

FILED JUL 2 - 1953

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>ILLINOIS</u> b. COUNTY <u>MADISON</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u>		c. LENGTH OF STAY (In this place) <u>6 DAYS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>VENICE</u>		612 A		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Peoples Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>413 WEAVER</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) _____ c. (Last) <u>MOORE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 12, 1953</u>					
5. SEX <u>FEMALE</u>	6. COLOR OF RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>MARCH 7, 1882</u>		9. AGE (In years last birthday) <u>71</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 10 YRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>DECATUR, ALA.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>John Mosely</u>			13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>—</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>WILLIAM S. SLATON - WASHINGTON - D.C.</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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Nephritis</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.								
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>592X</u>				
22. I hereby certify that I attended the deceased from <u>May 1, 1953</u> , to <u>June 17, 1953</u> , that I last saw the deceased alive on <u>June 12, 1953</u> , and that death occurred at <u>7:30 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Dessale Williams</u>				23b. ADDRESS <u>301 3rd St. S. Laney, Ill.</u>		23c. DATE SIGNED <u>June 13, 1953</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>June 15, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>EAST ST. LOUIS, ILLINOIS</u>		24d. LOCATION (City, town, or county) (State) <u>ILLINOIS</u>		
DATE REC'D BY LOCAL REG. <u>JUN 15 1953</u>		REGISTRAR'S SIGNATURE <u>Carl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. MARSHALL Funeral Home - East St. Louis, Ill.</u>				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING FADING 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 Thomas M. Dawson

Licensed Embalmer No. 4479

P. O. Address 2205 MISSOURI
EAST ST. LOUIS, I

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.