

5. No. 300  
10. 48

FILED DEC 7 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40928  
State File No. 11228  
Registrar's No.

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 40928		Registrar's No. 11228				
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY								
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			c. LENGTH OF STAY (In this place)		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital				e. STREET ADDRESS (If rural, give location) 3028 Lucas								
3. NAME OF DECEASED (Type or Print)			a. (First) James		b. (Middle)		c. (Last) Moseley		4. DATE OF DEATH (Month) (Day) (Year) 11 25 53			
5. SEX Male 2		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH Feb. 1907		9. AGE (In years last birthday) 46		10. If UNDER 1 YEAR Days 11 25 53		
10a. USUAL OCCUPATION (If kind of work done during most of working life, even if retired) Laborer				10b. KIND OF BUSINESS OR INDUSTRY Chevrolet Shell		11. BIRTHPLACE (City and State or Foreign Country) Jackson, Tennessee			12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Gabriel Moseley				13b. MOTHER'S MAIDEN NAME Liza Moseley			14. NAME OF HUSBAND OR WIFE None.					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W. W. II				16. SOCIAL SECURITY NO. ?		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Carl Roberts 1061 Paradise						
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, asthma, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Retroperitoneal Carcinoma, Type and Primary Site Unclassified  ANTECEDENT CAUSES  Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b)  DUE TO (c)								INTERVAL BETWEEN ONSET AND DEATH U n d t.		
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? 158X							
22. I hereby certify that I attended the deceased from 11-4, 1953, to 11-25, 1953, that I last saw the deceased alive on 11-25, 1953, and that death occurred at 12:08A m., from the causes and on the date stated above.												
23a. SIGNATURE Earl Bell Smith				(Degree or title) M.D.		23b. ADDRESS 2601 N. Whittier			23c. DATE SIGNED 11-27-53			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 11-30-53		24c. NAME OF CEMETERY OR CREMATORY National Cemetery			24d. LOCATION (City, town, or county) (State) JEFFERSON BARRACKS					
DATE REC'D BY LOCAL REG. NOV 27 1953		REGISTRAR'S SIGNATURE Earl Bell Smith			25. FUNERAL DIRECTOR'S SIGNATURE C. J. Nash			ADDRESS 111 N 13 1/2 E. St.				

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

(Licensed Embalmer's Statement on Reverse Side)

APR 19 1957

**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.....  
Signature of Student Embalmer

Signed *C. J. Nash*.....

Licensed Embalmer No. *243*.....

P. O. Address *3847 Pop*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.