No. 300
10-48

FILED JAN 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44283

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 3010

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Brentwood
c. LENGTH OF STAY (In this place): 41 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 8710 Rosalie

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: St. Louis
c. CITY OR TOWN: BRENTWOOD ~~St. Louis~~ 51
d. Is Residence within limits of a city or incorporated town? Yes X No O
e. STREET ADDRESS (If rural, give location): 8710 Rosalie Ave.

3. NAME OF DECEASED (Type or Print): a. (First) George b. (Middle) H. c. (Last) Mosley

4. DATE OF DEATH (Month) (Day) (Year): 12/28/54

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: 2/2/1883
9. AGE (In years last birthday): 71 yrs. 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): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Public Serv. Co.
11. BIRTHPLACE (City and State or Foreign Country): Creve Coeur, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Charles Mosley
13b. MOTHER'S MAIDEN NAME: Julia Gerard
14. NAME OF HUSBAND OR WIFE: Lillian McGrath Mosley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 493-10-8117
17. INFORMANT'S SIGNATURE OR NAME: Lillian Mosley **ADDRESS**: 8710 Rosalie

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — Immediate

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chronic Myocarditis — Indeterminate

DUE TO (c) Arteriosclerotic 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

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4200
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1952, *to* 28 Dec, 1954, *that I last saw the deceased alive on* 2 Dec, 1954, *and that death occurred at* 11:20 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: E. McCall **(Degree or title)**: M.D.
23b. ADDRESS: Brentwood Mo
23c. DATE SIGNED: 29 Dec 54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/31/54
24c. NAME OF CEMETERY OR CREMATORY: St. Monica
24d. LOCATION (City, town, or county) (State): Creve Coeur, Mo.

DATE REC'D BY LOCAL REG.: 12-29-54
REGISTRAR'S SIGNATURE: Herbert R. Donka M.D.
25. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS**: E.J. Schnur 3125 Lafayette Ave.

(Licensed Embalmer's Statement on Reverse Side)

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 embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.