

FILED NOV 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38657**
Registrar's No. **9645**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY OR TOWN ST. LOUIS MO	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 977 SWITZER		e. STREET ADDRESS (If rural, give location) 8 977 SWITZER 20870	

3. NAME OF DECEASED (Type or Print) RALPH D. MOSS	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Nov. 2 1955
--	------------	-------------	-----------	--

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAR. 17 1878	9. AGE (In years last birthday) 77	If UNDER 1 YEAR Months	If UNDER 2 HRS. Hours	If UNDER 15 MIN. Min.
--------------------	-------------------------------	---	--------------------------------------	---	------------------------	-----------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WATCHMAN	10b. KIND OF BUSINESS OR INDUSTRY MIDWEST PIPE	11. BIRTHPLACE (City and State or Foreign Country) WYOMING	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	---	---	--

13a. FATHER'S NAME UNKNOWN	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE JOSEPHINE MOSS
-----------------------------------	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)	16. SOCIAL SECURITY 492-22-1844	17. INFORMANT'S SIGNATURE OR NAME JOHN EWERSMAN ADDRESS 977 SWITZER
---	--	---

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease		
	DUE TO (c) Generalized Arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Previous 3 grades of infarction			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 420.1	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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from **2/23**, 19**55**, to **11/2**, 19**55**, that I last saw the deceased alive on **10/27**, 19**55**, and that death occurred at **9:30A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Franklin P. ...	23b. ADDRESS 10011 Bellefontaine Rd	23c. DATE SIGNED 11/7/55
---	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Nov. 5 1955	24c. NAME OF CEMETERY OR CREMATORY NEW PICKER	24d. LOCATION (City, town, or county) (State) ST. LOUIS MO
---	------------------------------	--	---

DATE REC'D BY LOCAL REG. NOV 5 1955	REGISTRAR'S SIGNATURE Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutas 2906 Harris	ADDRESS 2906 Harris
--	--	--	----------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

10011
Rept. for license
Mar 7 1333

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by Student Embalmer No.

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Samuel C. Dille

Licensed Embalmer No.
434

P. O. Address
2906

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