

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-008283  
Start File No.

FILED FEB 28 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 408

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|--|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Saint Louis</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>--a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>TOWN Kinloch</u>                    |  | c. LENGTH OF STAY (in this place)<br><u>10 yrs.</u>   | c. CITY OR TOWN <u>Kinloch</u> <u>40910</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>600 Lyons Street</u>  |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>            |   |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>(NMN)</u> c. (Last) <u>Mosley</u> |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Feb. 8 58</u>   |   |

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| 5. SEX <u>Female</u>   | 6. COLOR OR RACE <u>Negro</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Never Married</u> | 8. DATE OF BIRTH<br><u>Mar. 15, 1924</u> | 9. AGE (In years Last birthday) <u>34</u>                                       | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Mins. _____      |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Unemployed</u> |                               | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>None</u>                               |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>Clarksville, Tenn.</u> |   | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u> |

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| 13a. FATHER'S NAME<br><u>Ervin Mosley</u>                                   | 13b. MOTHER'S MAIDEN NAME<br><u>Thelma Cole</u>                              | 14. NAME OF HUSBAND OR WIFE<br><u>NONE</u>   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service)<br><u>UNK</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Sylvester Tate 600 Lyons-Kinloch</u> |

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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>unknown natural causes</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) <u>7954</u> |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 hr</u> |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |  |  |   |

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| 19a. DATE OF OPERATION                          | 19b. MAJOR FINDINGS OF OPERATION   | 20. AUTOPSY? <u>2</u><br>YES <input type="checkbox"/> NO <input checked="" 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  |

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Herbert P. Domke</u><br>Herbert P. Domke, MD, Local Registrar | 23b. ADDRESS<br><u>651 S. Brentwood, Clayton, Mo.</u> | 23c. DATE SIGNED<br><u>2/12/58</u>                           |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>                      | 24b. DATE<br><u>Feb. 14, '58</u>                      | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Washington Park</u> |
| 24d. LOCATION (City, town, or county) (State)<br><u>Berkeley, Missouri</u>      |   |  |

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| DATE REC'D BY LOCAL REG.<br><u>2-10-58</u> | REGISTRAR'S SIGNATURE<br><u>Herbert P. Domke MD</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>Boyd Ross Funeral Home 438 Lix-Kinloch</u> |
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WRITE PLAINLY—USING UNFADEING 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.....  
Signature of Student Embalmer

Signed *Edward A. Flynn*.....

Licensed Embalmer No. *444*.....

P. O. Address.....

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.