

DATE AMENDED

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **8280** **-61-034717** STATE FILE NUMBER

FILED SEP 18 1961

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in 1b _____
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION **4221 W. Cote Brillinante** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Mo.** b. COUNTY _____
 c. CITY OR TOWN **St. Louis** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **4221 W. Cote Brillinante** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
Isabelle Moseley **9 4 61**

5. SEX **Female** 6. COLOR OR RACE **Col.** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH _____ 9. AGE (last birthday) **89** IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housekeeper** 10b. KIND OF BUSINESS OR INDUSTRY **None** 11. BIRTHPLACE (City and state or country) **Lumberston, N.C.** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Alex Moore** 13b. MOTHER'S MAIDEN NAME **Polly (Unknown)** 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 16. SOCIAL SECURITY NO. _____ 17. INFORMANT **Carolyn Williams** Address **4221 W. Cote Br.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Pulmonary edema** INTERVAL BETWEEN ONSET AND DEATH **4 hrs**
 DUE TO (b) **arteriosclerotic heart disease** **3 yrs**
 DUE TO (c) **4200**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Senility and matutinitis** PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____

20c. TIME OF INJURY: Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____

21. I attended the deceased from **3-1961** to **9-4-61** and last saw her alive on **9-4-61**
 Death occurred at **5P** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **R Williams, M.D.** (Degree or title) 22b. ADDRESS **4703 St Louis** 22c. DATE SIGNED **9/5/61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **9-7-61** 23c. NAME OF CEMETERY OR CREMATORY **St. Peters Cemetery** 23d. LOCATION (City, town, or county) **St. Louis, Mo.**

24. FUNERAL DIRECTOR **A. L. Beal Und. Co.** ADDRESS **4303 Delmar** 25. DATE RECD. BY LOCAL REG. **SEP 6 1961** 26. REGISTRAR'S SIGNATURE **Earl Smith, M.D.**

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 Arthur P. Heilbard.

Licensed Embalmer No. 4921
P. O. Address 3100 Easton

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.