

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-047326

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3580

STATE FILE NUMBER

AMENDED

FILED JAN 9 1962

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Pagedale</b>	Length of stay in 1b <b>YRS.</b>	c. CITY OR TOWN <b>Pagedale</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1331 Grogan Ave.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>1331 Grogan Ave.</b>

3. NAME OF DECEASED (Type or print) First Middle Last <b>LOVELACE FRANK MOSS</b>			4. DATE OF DEATH Month Day Year <b>12-16-61</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9-29-79</b>	9. AGE (last birthday) <b>82 Yrs.</b>	IF UNDER 1 YEAR Months Days Hours Min	IF UNDER 24 HR Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Fuel Supplier</b>		11. BIRTHPLACE (City and state or country) <b>Texas Co. Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>Hiram Moss</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Calvin</b>		14. NAME OF HUSBAND OR WIFE <b>Ida E. Doerle Moss</b>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No None</b>		17. INFORMANT Address <b>Ida E. Moss Pagedale 23 Mo.</b>	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Coronary occlusion with myocardial infarction</b>		<b>7 mos</b>
DUE TO (b) <b>ASD with decompensation</b>		<b>Yrs</b>
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Arteriosclerotic cerebrovascular disease</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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 <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	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 5/9/61 to 12/16/61 and last saw him alive on 12/16/61  
Death occurred at 3:00 am 12/16/61 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>John D. Grogan</i>	(Degree or title) <b>MD</b>	22b. ADDRESS <b>1114 Church Ferguson 35, 690</b>	22c. DATE SIGNED <b>12/16/61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>12-18-61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Laurel Hill Cemetery</b>	23d. LOCATION (City, town, or county) <b>St. Louis County, Mo.</b>

24. FUNERAL DIRECTOR <b>White-Mullen 118 N. Florissant Rd. Ferg.</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>12-16-61</b>	26. REGISTRAR'S SIGNATURE <i>John B. Mumfry MD</i>
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DATE AMENDED

INSTEAD OF DOCUMENT

ITEM NO. SHOULD READ

MEDICAL CERTIFICATION BY AFFIDAVIT OF

**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 Reinhold K. Schramm

Licensed Embalmer No. 3395

P. O. Address St Louis 359MO

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.