

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-008497

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 119E

FILED MAR 7 1962

1. PLACE OF DEATH
 a. COUNTY St. Louis
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo. Length of stay in 1b 5 days
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Inf. Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Illinois b. COUNTY St. Clair
 c. CITY OR TOWN East St. Louis Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 815 Valentine Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
Reddie Maria Mosley 1 24 62

5. SEX Female 6. COLOR OR RACE Negro 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH Jan. 9, 1892 9. AGE (last birthday) 70 IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife 10b. KIND OF BUSINESS OR INDUSTRY Home 11. BIRTHPLACE (City and state or country) Little Rock, Ark. 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME Harvey Staten 13b. MOTHER'S MAIDEN NAME Susie Carter 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. None 17. INFORMANT Ethel Taylor Address 1435 Lower

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Decompenstion Heart Dis
Perforated Appendicitis ruptured
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 550.1
 DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
?

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 1-22-62 to 1-24-62 and last saw her alive on 1-24-62
 Death occurred at 8:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James M. Whittlesea, M.D. 22b. ADDRESS 2715 N. Union, St. Louis, Mo. 22c. DATE SIGNED 1-26-62

23a. BURIAL, CREMATION, REMOVAL (Specify) _____ 23b. DATE 1-26-62 23c. NAME OF CEMETERY OR CREMATORY _____ 23d. LOCATION (City, town, or county) (State) East St. Louis, Ill.

24. FUNERAL DIRECTOR ADDRESS P. D. Bradley, Chicago, Ill. 25. DATE RECD. BY LOCAL REG. JAN 27 1962 26. REGISTRAR'S SIGNATURE Good Smith, M.D.

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DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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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 P. J. Cagle

Licensed Embalmer No. 3346

P. O. Address E. St. Louis

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.