No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 559

559

Registration District No. 791 FEB 25 1941

Primary Registration District No. 1003

Registrar's No.

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Lukes Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96

(c) City or town Richmond Heights N.R8
(If outside city or town limits, write "RURAL") 3

(d) Street No. 1233 Claytonia Ter.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Robert Allen Mosley

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Jan. (Month) 7 (Day) 1941 (Year)

8. AGE: Years 0 Months 0 Days 10 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation None 1

11. Industry or business 1

FATHER
12. Name Charles F. Mosley 1
13. Birthplace (City, town, or county) Ill. (State or foreign country)

MOTHER
14. Maiden name Floy Loveless
15. Birthplace (City, town, or county) Ill. (State or foreign country)

16. (a) Informant Charles F. Mosely
(b) Address 1233 Claytonia Ter.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-18-41 (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. (a) JAN 18 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 17
year 1941 hour 8 minute 15 P.M.

21. I hereby certify that I attended the deceased from Jan 7-41, 19, to Jan 17, 1941;
that I last saw him alive on Jan 17, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death [illegible]

Due to 7½ [illegible]

Due to [illegible]

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] (M.D. or other)
Address [illegible] Date signed 1-18-41

(Licensed Embalmer's Statement on Reverse Side)

Mr. Theodore Bldg
~~[illegible]~~
Hawthorne Apt
4475 W. Pine
11 30

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed R. V. Sanford

Licensed Embalmer No. 2273

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.