. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4365

FILED FEB 14 1941

Registration District No. 784 Primary Registration District No. 117 Registrar's No. 125

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

1. PLACE OF DEATH:

(a) County ST. LOUIS

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

(c) Name of hospital or institution: 642 YEDDO AVE.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 36 YRS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS 96

(c) City or town WEBSTER GROVES 7
(If outside city or town limits, write "RURAL")

(d) Street No. 642 YEDDO. AVE. 4
(If rural, give location)

(e) If foreign born, how long in U. S. A.? — 0 years.

3. (a) PRINT FULL NAME LOUISE MOSLEY ROBERTSON

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOW 2

6. (b) Name of husband or wife HUGH M. ROBERTSON

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

7. Birth date of deceased AUGUST 25 — 1875
(Month) (Day) (Year)

8. AGE: Years 65 Months 4 Days 23 If less than one day — hr. — min.

9. Birthplace — (City, town, or county) 4 ENGLAND (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business —

FATHER
12. Name JOHN HERBERT MOSLEY
13. Birthplace — (City, town, or county) 4 ENGLAND (State or foreign country)

MOTHER
14. Maiden name ANN TOTTY
15. Birthplace — (City, town, or county) 4 ENGLAND (State or foreign country)

16. (a) Informant John I Robertson
(b) Address 642 Yeddo Ave. Webster Groves Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN 20-1941 (Month) (Day) (Year)
(c) Place: burial or cremation LAKE CHARLES CEM.

18. (a) Signature of funeral director Parker Und Co.
(b) Address WEBSTER GROVES, MO.

19. (a) JAN 20 1941 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan 17 day ____
year 1941 hour 2 minute 20 A M.

21. I hereby certify that I attended the deceased from Jan 11, 1941, to Jan 17, 1941;
that I last saw her alive on Jan 16, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death La Grippe Pharyngitis Laryngitis — Duration 10 days

Due to Chron. Cardiitis

Due to Diabetes 61

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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) ✓
(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 [signature] (KUHLMANN) (M. D. or other) D
Address 16 N. Eore Webster Groves, Mo Date signed ____

(Licensed Embalmer's Statement on Reverse Side)

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 Orin B Lang

Licensed Embalmer No. 1381

P. O. Address Webster Groves

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

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