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17-39  
X23159

FILED SEP 17 1941 791  
Registration District No.

Primary Registration District No. 1003

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:  
Entrants to Home Phillips Hosp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community 24yrs 3 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
(c) City or town St Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1126 North Leonard Avenue  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? native years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 3  
year 1941 hour 6:10 minute A. M.

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

Immediate cause of death.....  
Coronary Occlusion

Due to.....  
Due to.....  
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?..... (b) Means of injury.....  
23. Signature Alfred J. Perry (M. D. or other) 3  
Address 1126 North Leonard Date signed 8/13/41

3. (a) PRINT FULL NAME Charles Mosby

3. (b) If veteran, name war World War 3. (c) Social Security No. 488-03-0440

4. Sex M 5. Color or race Col 6. (a) Single, widowed, married, divorced, separated

6. (b) Name of husband or wife Josephine 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased August 25 1887  
(Month) (Day) (Year)

8. AGE: Years 53 Months 11 Days 8 If less than one day hr. min.

9. Birthplace Douglas Ark  
(City, town, or county) (State or foreign country)

10. Usual occupation Cook

11. Industry or business.....

12. Name Charles Mosby

13. Birthplace Douglas Ark  
(City, town, or county) (State or foreign country)

14. Maiden name Ammie

15. Birthplace Unknown Ga  
(City, town, or county) (State or foreign country)

16. (a) Informant James Lee

(b) Address 3005 Clark Avenue

17. (a) Burial (b) Date thereof 8/6/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National cemetery

18. (a) Signature of funeral director J. H. Randle & Son

(b) Address 3133 Bell Avenue

19. (a) AUG -7 1941 (b) J. F. Brudick  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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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.....

..... Registered Apprentice No.....  
working under my personal supervision.

Signed *S. J. Watson*

Licensed Embalmer No. *2698*

P. O. Address *2769 Charlotte*

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