

FILED OCT 16 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

29777

State File No.

Registration District No.

Primary Registration District No.

1003

Registrar's No.

7115

1. PLACE OF DEATH:

(a) County.....  
(b) City or town Saint Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Homer G Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 Hours  
In this community Life  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town Saint Louis 22 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2802 Spruce Street 9  
(If rural, give location)  
(e) Citizen of foreign country? 1 (Yes or No)

3. (a) PRINT FULL NAME Helen Mosley

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Female 5. Color or race Col 6. (a) Single, widowed, married, divorced 1

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

7. Birth date of deceased May 30, 1939  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
2 3 0 hr. min.

9. Birthplace Saint Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business.....

12. Name James Mosley

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

14. Maiden name Anna Rhems

15. Birthplace Saint Louis Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant James Mosley

(b) Address 2802 Spruce St

17. (a) Burial (b) Date thereof 9-3-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Father Dickson Cemetery

18. (a) Signature of funeral director F.A. Green

(b) Address 2915 Franklin Avenue

19. (a) SEP 2 1941 (b) J. Budick  
(Received local registrar) (Registrar's signature)

~~Medical Certification~~  
MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30  
year 1941 hour 12 minute 30A: M.

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

Immediate cause of death..... Duration

Broncho Pneumonia  
Due to.....  
Primary

Due to.....  
10/1

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy.....  
10/1

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?.....

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature Thomas J. Callahan (or other)  
Address Deputy Coroner Date signed 9/2/41

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

28  
20  
27

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.....

*J. A. Elmer*

Licensed Embalmer No. 2963

P. O. Address 2913 Franklin

**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.**