

FILED OCT 28 1942
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Primary Registration District No. 1003

Registrar's No. 8663

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:
Homer B Phillips O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 days
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State..... (b) County..... 000
(c) City or town. St. Louis, Mo. 12
(If outside city or town limits, write "RURAL") 229
(d) Street No. 1011 Ohio Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME ALICE MOSBY
3. (b) If veteran, name war.....
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 16th
year 1942 hour 9:40 minute A. M.

4. Sex female 5. Color or race col
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if
alive..... years

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.

7. Birth date of deceased April 7 1889
(Month) (Day) (Year)

Immediate cause of death.....
Atelectasis of both lungs; Ether Anesthesia; while undergoing an operation at City Hospital #2 for a carbuncle on her left shoulder, on Oct. 16, 1942, exact time unknown

8. AGE: Years 53 Months 6 Days 9 If less than one day hr. min.

Other conditions..... (Include pregnancy within 3 months of death)
Major findings: 1950

9. Birthplace Chesterfield Mo
(City, town, or county) (State or foreign country)

Of operations.....
Of autopsy.....
PHYSICIAN.....
Underline the cause to which death should be charged statistically.

10. Usual occupation Housekeeper
11. Industry or business.....
12. Name John Grover
13. Birthplace..... (City, town, or county) (State or foreign country)

14. Maiden name Mary Thurston
15. Birthplace..... (City, town, or county) (State or foreign country)

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?.....

16. (a) Informant William Grover
(b) Address 2647 Oak
17. (a) buried (b) Date thereof. 10-21-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cem

While at work?..... (Specify type of place)
(e) Means of injury.....
23. Signature Alfred Perry (M. D. or other)
Address 1011 Ohio Ave Date signed 10/19/42

18. (a) Signature of funeral director J. B. Beedeck
(b) Address 2709 Chouteau
19. (a) OCT 19 1942 (b) J. B. Beedeck
(Date received local Registrar) (Registrar's signature)

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

MOTHER FATHER

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.....

.....
Licensed Embalmer No. *2698*

P. O. Address. *2769 Chouteau*

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.