

FILED OCT 28 1942 318

Registration District No.

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution: City Sanitarium 2
(d) Length of stay: In hospital or institution 4 yrs. 8 mos. 28 ds
In this community about 21 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1300th
(c) City or town St. Louis
(d) Street No. 1824 Biddle St.
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME CLARENCE MOSLEY

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

4. Sex Male 2 5. Color or race Colored 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Rheta Mosley 6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased: April 12, 1885

8. AGE: Years 57 Months 6 Days 1 If less than one day hr. min.

9. Birthplace Brownsville Tennessee

10. Usual occupation Paper Hanger

11. Industry or business Contracted for self

12. Name Walter Mosley

13. Birthplace unknown Georgia

14. Maiden name Nannie Moses

15. Birthplace Brownsville Tennessee

16. (a) Informant RHETA MOSELEY

17. (a) Date thereof 10 19 42

18. (a) Signature of funeral director [Signature]

19. (a) Date received local registrar OCT 17 1942 (b) Registrar's signature [Signature]

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 13, year 1942 hour 12:00 minute Noon M.

21. I hereby certify that I attended the deceased from 10-13-42 to 10-13-42 and that death occurred on the date and hour stated above.

Immediate cause of death Hydro nephrosis (onset 9-15 ?-42)

Due to [Signature]

Due to [Signature]

Other conditions Paresis-1-17-38x

Major findings: Of operations [Signature]

Of autopsy Yes.

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

4: While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address _____ Date signed 10-16-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Clark Young

Licensed Embalmer No.

3371

P. O. Address

St. Louis

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.