

FILED DEC 21 1942

Registration District No.

Primary Registration District No.

Registrar's No. **10316**

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

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... **Saint Louis, Missouri.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6824 Salzburger 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.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri.** (b) County.....
(c) City or town..... **Saint Louis,** ✓ 9
(If outside city or town limits, write "RURAL")
(d) Street No..... **6824 Salzburger Ave.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
No Attending Physician

3. (a) PRINT FULL NAME **James E. Mosley,**

3. (b) If veteran, name war..... 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married.**
6. (b) Name of husband or wife..... **Anna Mosley** 6. (c) Age of husband or wife if alive **60** years
7. Birth date of deceased **October 9th, 1860.**
(Month) (Day) (Year)

8. AGE: Years **82** Months **2** Days **1** If less than one day
hr. min.

9. Birthplace **Unknown Missouri.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Farmer**

11. Industry or business

12. Name **James Mosley**
13. Birthplace **Unknown Missouri.**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown Missouri.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Anna Mosley -**
(b) Address **6824 Salzburger Ave.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Dec. 12-1942**
(Month) (Day) (Year)

(c) Place: burial or cremation **Robertsville, Missouri.**

18. (a) Signature of funeral director **Ziegenheim Bros.**
(b) Address **6409 Gravois Ave.**

19. (a) **DEC 11 1942 J. P. Bruck**
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **10th,**
year **1942.** hour **9** minute **40 A. 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.....
Cerebral Apoplexy

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?

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

23. Signature **W. J. Perry** (M.D. or other)
Address **St. Louis** Date signed **12/11/42**

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 Juddie A. Ziegenbein
Licensed Embalmer No. 2270
P. O. Address 6409 Travis

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.