V. S. No. 2
M—4-13-40
ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 21 1944

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23274

Registration District No. 318 Primary Registration District No. 1002 Registrar's No. 6227

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

1087

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 824a S. 10th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 Yrs (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 000 12 N 92
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 824a S. 10th Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 2 years.

3. (a) PRINT FULL NAME Julia Mosby
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Fem
5. Color or Race Col
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Joe Mosby
6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased Abt. (Month) 1 (Day) 1869 (Year)
8. AGE: Years Abt 75 Months Days If less than one day hr. min.
9. Birthplace Martin (City, town, or county) Tennessee (State or foreign country)
10. Usual occupation Nil
11. Industry or business
FATHER 12. Name Tom Allen
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
MOTHER 14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Nora Williams
(b) Address 824a S. 10th Street
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/14/44 (Month) (Day) (Year)
(c) Place: burial or cremation E. St. Louis, Ill
18. (a) Signature of funeral director R. M. C. Green
(b) Address 3517 Laclede Avenue
19. (a) JUL 13 1944 (Date received local registrar) J. F. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16 year 1944 hour 7 minute 15 P.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
Chronic Myocarditis
Generalized Arteriosclerosis
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? (e) Means of injury
23. Signature (M. D. or other)
Address Date signed 7/14/44

(Licensed Embalmer's Statement on Reverse Side)

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.