

FILED MAY 9 1947

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15461

State File No. _____

Registrar's No.: 4361

Registration District No. 318

Primary Registration District No. 1003

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:
MO BAPTIST HOSPITAL
(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 SHANNON
(c) City or town EMINENCE
(If outside city or town limit, write "RURAL")
(d) Street No. Box 21
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 25
year 1947 hour 5 minute 15 P. M.

21. I hereby certify that I attended the deceased from Apr 25 1947 to Apr 26 1947.
that I last saw him alive on Apr 25 1947
and that death occurred on the date and hour stated above.

Immediate cause of death:
acute endocarditis
Rheumatic

Due to _____
Due to _____
Other conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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 J. F. Bradack (M. D. or other)
Address 4000 Olive Date signed 5/29/47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

3. (a) PRINT FULL NAME CAROL JEAN MOSLEY
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

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

7. Birth date of deceased JUNE 2ND 1942
(Month) (Day) (Year)

8. AGE: Years 4 Months 10 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace FRANKFORD, MO.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name WOODROW MOSLEY
13. Birthplace BROWNINGTON, MO.
(City, town, or county) (State or foreign country)
14. Maiden name SELMA MILLER
15. Birthplace CURRYVILLE, MO.
(City, town, or county) (State or foreign country)

16. (a) Informant MRS SELMA MOSLEY
(b) Address EMINENCE, MO.

17. (a) BURIAL (b) Date thereof 4-28-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation EMINENCE, MO.

18. (a) Signature of funeral director ROWLAND MORTUARY

(b) Address 4355 WASHINGTON AV

19. (a) _____ (b) J. F. Bradack
(Date received local registrar) (Registrar's signature)

1987

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..... Alex Campbell
Licensed Embalmer No. 3881
P. O. Address St. Louis, MO

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, above space should be left blank.