S. No. 2
—1/47
5-17-39.

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29346

FILED SEP 2 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7832

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: Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4534 Louisiana Avenue 9
(If rural, give location)

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(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME William H. Moss

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Alma

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased September (Month) 17th, (Day) 1884 (Year)

8. AGE: Years 62 Months 10 Days 28 If less than one day hr. min.

9. Birthplace Huntington (City, town, or county) Ind. (State or foreign country)

10. Usual occupation Shoe Repairer

11. Industry or business

FATHER
12. Name Frank H. Moss
13. Birthplace Mayhorn (City, town, or county) Ind. (State or foreign country)

MOTHER
14. Maiden name Laura Walker
15. Birthplace Huntington (City, town, or county) Ind. (State or foreign country)

16. (a) Informant Alma Moss
(b) Address 4534 Louisiana, St. Louis, Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8/18/47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Wacker-Helderle U. & L. Co.
(b) Address 3634 Gravois, St. Louis, Mo.

19. (a) AUG 18 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 15th year 1947 hour 11 minute 52 P. M.

21. I hereby certify that I attended the deceased from July 15 1947 to Aug 15 1947 that I last saw him alive on Aug 15 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Arterial Sclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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 Edwin F. Vitt (M. D. or other)

Address 3805 So Bdwy Date signed 8-15-47

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

Jefferson City Printing Co.

(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.....

Licensed Embalmer No. 2645

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. fact should be so stated above.