

THE DIVISION OF HEALTH OF MISSOURI  
FILED MAY 17 1950 STANDARD CERTIFICATE OF DEATH

18474

State File No. 4140

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo.				b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY in the last year or town March 28-30 May 4-1950		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2119 2			
d. FULL NAME OF HOSPITAL OR INSTITUTION CITY INFIRMARY HOSPITAL				STREET ADDRESS 4334 a. No. Market Street (If rural, give location)					
3. NAME OF DECEASED (Type or Print) ADA		a. (First) E.		c. (Last) MOSSLER		4. DATE OF DEATH		5 4 1950 (Month) (Day) (Year)	
5. SEX Female 3		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 6-26-1876		9. AGE (In years last birthday) 71 Months Days Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil		10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (State or foreign country) St. Louis Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Lizzie Lions			14. NAME OF HUSBAND OR WIFE Lue Mossler			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. ----		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Nancy Sodridge 4334a No. Market St.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		<p style="text-align: center;">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Thrombosis</i></p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Hypertensive Heart Disease</i> DUE TO (c)</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>						INTERVAL BETWEEN ONSET AND DEATH <i>10 days</i> <i>4 years</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>HH.SX</i>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <i>March 28, 1950</i> , to <i>May 4, 1950</i> , that I last saw the deceased alive on <i>May 4, 1950</i> , and that death occurred at <i>1:00P m.</i> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <i>Clotus Krag, MD</i>				23b. ADDRESS <i>5600 Arsenal, St. Louis</i>			23c. DATE SIGNED <i>4 May 1950</i>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>5/11/50</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Greenwood Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis County Mo.</i>			
DATE REC'D BY LOCAL REG. <i>5/8/50</i>		REGISTRAR'S SIGNATURE <i>J B Lassiter</i>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Peoples Und. Co. 3100 Franklin Av.</i>				

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

working under my personal supervision.

Student Embalmer No.....

Signed

*John H. Petrus*

Signed.....  
Student Embalmer

Licensed Embalmer No. *184*

P. O. Address *H. Jones, no*

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.