No. 300
30.48

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

FILED JAN 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42634

BIRTH NO. _____ REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 1002 Registrar's No. 11032

1. PLACE OF DEATH
a. COUNTY: O
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS
c. LENGTH OF STAY (In this place): 35 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Homer G Phillips Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO.
b. COUNTY: 2 19 1
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS
d. STREET ADDRESS (If rural, give location): 2919 LUCAS

3. NAME OF DECEASED (Type or Print)
a. (First): Clarence
b. (Middle): Mosley / Mosley

4. DATE OF DEATH (Month) (Day) (Year): Dec. 22 1950

5. SEX: MALE
6. COLOR OR RACE: COLORED
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: DEC. 14-1895
9. AGE (In years last birthday): 55 — If under 1 year: Months / Days 3 — If under 24 hrs.: Hours / Min. 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): DECORATOR
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): LOUISIANNA
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: UNKNOWN
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF HUSBAND OR WIFE: ETHEL MOSLEY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): WORLD WAR II
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Ethel Mosley — ADDRESS: 2919 Lucas

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) EPidermoid Carcinoma of Hypopharynx — INTERVAL BETWEEN ONSET AND DEATH: Undet.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Undetermined
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: NA

22. *I hereby certify that I attended the deceased from* 11-20- *, 19* 50 *, to* 12-22- *, 19* 50 *, that I last saw the deceased alive on* 12-22 *, 19* 50 *, and that death occurred at* 9 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: M. D. Lawrence (Degree or title): M. D.
23b. ADDRESS: 2601 N Whittier St
23c. DATE SIGNED: 12-26-50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 12-27-50
24c. NAME OF CEMETERY OR CREMATORY: NATIONAL, JEFF. BARRACKS
24d. LOCATION (City, town, or county) (State): ST. LOUIS

DATE REC'D BY LOCAL REG.: DEC 26 1950
REGISTRAR'S SIGNATURE: J. B. Carter
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: PETTIS FUN'L. HOME 4181 WASHINGTON

(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.....

Y.....,

working under my personal supervision.

Student Embalmer No.....

Signed Esther F. Harris

Signed.....
Student Embalmer

Licensed Embalmer No. 4458

P. O. Address 418 Washingt

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.