

FILED MAR 7 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6463**
1774

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1005** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Missouri		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2179	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1217 Emmett		17 STREET ADDRESS (If rural, give location) 1217 Emmett	

3. NAME OF DECEASED (Type or Print)	a. (First) Arthur	b. (Middle) C.	c. (Last) Moss	4. DATE OF DEATH (Month) (Day) (Year) 2/22/51
-------------------------------------	--------------------------	-----------------------	-----------------------	--

5. SEX Male D	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Single U	8. DATE OF BIRTH Jan. 29, 1899	9. AGE (In years last birthday) 52	# UNDER 1 YEAR Months _____ Days _____	# UNDER 12 HRS. Hours _____ Min. _____
----------------------	-------------------------------	---	---------------------------------------	---	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Duke Mfg. Co.	10b. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (State or foreign country) Huntington, Indiana /	12. CITIZEN OF WHAT COUNTRY? USA
--	---	--	---

13a. FATHER'S NAME Frank Moss	13b. MOTHER'S MAIDEN NAME Laura Walker	14. NAME OF HUSBAND OR WIFE ----
--------------------------------------	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service) ----	16. SOCIAL SECURITY NO. ---	17. INFORMANT'S SIGNATURE OR NAME Alma Moss--1217 Emmett	ADDRESS 1217 Emmett
---	--	------------------------------------	---	----------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a); (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		2 Hour
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis		3 year
DUE TO (c) Mitral Stenosis		5 year	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------	----------------------------------	---

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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Heart A.D.
--	--	--

22. I hereby certify that I attended the deceased from **Sept 12, 1950, to Feb 22, 1951**, that I last saw the deceased alive on **Feb. 21, 1951**, and that death occurred at **3:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Willard J. Nash - D.O.	23b. ADDRESS 1829 So 19th St. St. Louis Mo	23c. DATE SIGNED 2/22/51
--	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/24/51	24c. NAME OF CEMETERY OR CREMATORY St. Matthews Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
---	--------------------------	---	--

DATE REC'D BY LOCAL REG. FEB 28 1951	REGISTRAR'S SIGNATURE J. B. Carsten	25. FUNERAL DIRECTOR'S SIGNATURE Wacker-Heldt	ADDRESS 3634 Gravois
---	--	--	-----------------------------

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

mul

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.....
Student Embalmer

Signed *Robert C. Wheeler*.....

Licensed Embalmer No. *2128*.....

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.