

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25040**
5936
Registrar's No. _____

FILED JUL 26 1951

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

BIRTH NO. _____

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

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 this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hosp.		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis OR TOWN 2219 d. STREET ADDRESS (If rural, give location) 807th No. CARDINAL AVE	
3. NAME OF DECEASED (Type or Print) a. (First) Bobby b. (Middle) c. (Last) Mosby		4. DATE OF DEATH (Month) (Day) (Year) 7-2-51	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Oct. 8, 1949
9. AGE (In years last birthday) 1		10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Artie S. Mosby		14. NAME OF HUSBAND OR WIFE	
13b. MOTHER'S MAIDEN NAME EMMA Bobo		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 EMMA Mosby - 807th No. CARDINAL ADDRESS	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Undetermined - Poss. Cerebral aneurysm Poss. Brain tumor ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Undet. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None. INTERVAL BETWEEN ONSET AND DEATH Unknown	
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., 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 237X		22. I hereby certify that I attended the deceased from 6-26-51 , to 7-2-51 , 19__, that I last saw the deceased alive on 7-2-51 , 19__, and that death occurred at 1:45 a.m. , from the causes and on the date stated above.	
23a. SIGNATURE John Lewis (Degree or title) M. D.		23b. ADDRESS 2601 N. Whittier	
23c. DATE SIGNED July 2, '51		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 7-5-1951		24c. NAME OF CEMETERY OR CREMATORY Washington Park Cem.	
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo		25. FUNERAL DIRECTOR'S SIGNATURE Peoples Ind. Co. 3100 Franklin Ave ADDRESS	
DATE REC'D BY LOCAL REG. July 3 1951		REGISTRAR'S SIGNATURE J. B. Fasata	

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.....

..... Student Embalmer No.

Working under my personal supervision.

Student
Student Embalmer

Signed

H. Claude Gordon

Licensed Embalmer No. *3483*

P. O. Address *4575 Alder*

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.