No. 300
10.48

XC 1 561 841
Reg.# 101 059

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15200

BIRTH NO. FILED APR 25 1952 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 607 6 Registrar's No. 925

4208

1. PLACE OF DEATH
a. COUNTY ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) JEFFERSON BARRACKS, MO.
c. LENGTH OF STAY (in this place) 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) VETERANS ADMINISTRATION HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS 2119
d. STREET ADDRESS (If rural, give location) 3036A MAGAZINE STREET

3. NAME OF DECEASED (Type or Print)
a. (First) ROBERT
b. (Middle) H.
c. (Last) MOSLEY

4. DATE OF DEATH (Month) (Day) (Year) APRIL 7, 1952

5. SEX MALE 2
6. COLOR OR RACE COLORED
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH 9-24-88
9. AGE (In years last birthday) 63 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER
10b. KIND OF BUSINESS OR INDUSTRY STEEL FOUNDRY
11. BIRTHPLACE (City and State or Foreign Country) BROOKSVILLE, MISSISSIPPI
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME ROBERT MOSLEY
13b. MOTHER'S MAIDEN NAME LETTIE (UNKNOWN)
14. NAME OF HUSBAND OR WIFE HANNAH MOSLEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WWI
16. SOCIAL SECURITY NO. 346 07 6501
17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, JEFF.BRKS, MO. 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs

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

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cystic lung disease with cor pulmonale — 5 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 331X
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?

22. *I hereby certify that* VA *attended the deceased from* 3-31-52, *19*___, *to* 4-7-52, *19*___, ~~that I last saw the deceased alive on~~ XXXXXXXXXXXXXXXXXX, *and that death occurred at* 8:10AM *m., from the causes and on the date stated above.*

23a. SIGNATURE R. A. Allen (Degree or title) R. A. ALLEN, M.D.
23b. ADDRESS VA HOSPITAL, JEFF.BRKS, MO.
23c. DATE SIGNED 4-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE Apr. 14, 1952
24c. NAME OF CEMETERY OR CREMATORY NATIONAL
24d. LOCATION (City, town, or county) (State) JEFF.BKS, MO.

DATE REC'D BY LOCAL REG. 4-7-52
REGISTRAR'S SIGNATURE Herbert R. Domke MD
25. FUNERAL DIRECTOR'S SIGNATURE JAS.H.RANDLE & SONS, ST.LOUIS, MO. ADDRESS 3133 Bell Ave.

SW (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 _____

_____, Student Embalmer No. _____,

working under my personal supervision.

Student _____
Student Embalmer

Signed S. J. Watson

Licensed Embalmer No. 2698

P. O. Address 2769 Chauncey

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.