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REG # 4545

SL # 1888

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2886

BIRTH NO. 1888 FEB 2 - 1955 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0151

1. PLACE OF DEATH a. COUNTY <u>0</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>915 N. GRAND, ST. LOUIS, MO.</u> )		c. LENGTH OF STAY (in this place) <u>80 DAYS</u>		c. CITY OR TOWN <u>ST. LOUIS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>VETERANS ADMINISTRATION HOSP. # 259 1228 NORTH 15TH STREET</u>				STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>SYLVESTER</u>			b. (Middle) <u>MOSLEY</u>		c. (Last) <u>MOSLEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-2-55</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>1-28-93</u>	9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MUSICIAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>UNKNOWN</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>HOLDEN, MISSISSIPPI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>CHARLES MOSLEY</u>			13b. MOTHER'S MAIDEN NAME <u>ELIZABETH SINGELTON</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <u>YES</u>		16. SOCIAL SECURITY NO. (If yes, state year or dates of service) <u>WW1 490-12-2098</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>VA HOSPITAL RECORDS, ST. LOUIS, MISSOURI</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ACUTE MASSIVE BRONCHIO PNEUMONIA BILATERAL</u> ANTECEDENT CAUSES DUE TO (b) <u>CARCINOMA OF LARYNX</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</u>			
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>161X</u>			
19a. DATE OF OPERATION <u>11-8-54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Emergency - (Tracheotomy) Squamous Cell CARCINOMA, LARYNX</u>				20. AUTOPSY? YES <input checked="" 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) <u>VA</u> 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 <u>11-3-54</u> , 19 <u>  </u> , to <u>1-2-55</u> , 19 <u>  </u> , <del>and that death occurred at 10:40 P.M. on the date stated above.</del> and that death occurred at <u>10:40 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>H. P. Schaeffinger M.D.</u> (Degree or title)				23b. ADDRESS <u>VAH, ST. LOUIS, MISSOURI</u>		23c. DATE SIGNED <u>1-3-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1/7/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jefferson Barracks MO</u>	
DATE REC'D BY LOCAL REG. <u>JAN 7 1955</u>		REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>G. Wade Granberry 4202 Finney Ave</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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.....  
Signature of Student Embalmer

Signed *Melvin E. Glee*

Licensed Embalmer No. *44*  
P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.