

FILED MAY 25 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16870  
3976

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 ILLINOIS b. COUNTY ST CLAIR	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN ST. LOUIS		c. CITY OR TOWN E. ST. LOUIS	
c. LENGTH OF STAY (In this place) 4 weeks		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 Mo. PACIFIC HOSP.		e. STREET ADDRESS (If rural, give location) 4016 DONAVAN 8128	

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) IRVING c. (Last) MOSELEY			4. DATE OF DEATH (Month) (Day) (Year) 5 / 4 / 55				
5. SEX M. 0	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M.	8. DATE OF BIRTH June 12, 1896	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hour	IF UNDER 15 MIN. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ASST TRAFFIC MGR	10b. KIND OF BUSINESS OR INDUSTRY TERMINAL R.R.	11. BIRTHPLACE (City and State or Foreign Country) EAST ST LOUIS ILL	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME Charles E. Moseley	13b. MOTHER'S MAIDEN NAME MARTHA Sheehy	14. NAME OF HUSBAND/OR WIFE Moseley Theresa Virginia (Woodruff)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) YES W.W.#1	16. SOCIAL SECURITY NO. W.W.#1	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS Virginia Moseley - E. St. Louis, ILL

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		INTERVAL BETWEEN ONSET AND DEATH minutes years years	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction?	DUE TO (b) Coronary Artery Sclerosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Arterio Sclerosis			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4201

22. I hereby certify that I attended the deceased from April 13, 1955, to May 4, 1955, that I last saw the deceased alive on May 4, 1955, and that death occurred at 9:55 a.m., from the causes and on the date stated above.

22. SIGNATURE (Degree or title) Clemens Sullivan, M.D.	23b. ADDRESS Mo. Pac. Hosp. Assn.	23c. DATE SIGNED 5-4-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MAY 6-1955	24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery	24d. LOCATION (City, town, or county) (State) Belleville ILL
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DATE REC'D BY LOCAL REG. MAY 4 1955	REGISTRAR'S SIGNATURE J. Pearl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A. J. Haverstick EAST ST LOUIS, ILL
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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.....  
Signature of Student Embalmer *Not so embalmed*

Signed.....

Licensed Embalmer No. *3162*

P. O. Address *Chillicothe*

*77-100* 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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