

FILED NOV 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38980**
Registrar's No. **9680**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN		c. CITY OR TOWN	
d. FULL NAME OF HOSPITAL OR INSTITUTION		STREET ADDRESS (If rural, give location)	

St Louis *St Louis*
St Louis *St Louis*
St Louis *St Louis*
St Louis *St Louis*

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
<i>Mose</i>		<i>Nov 5 1955</i>	
5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
<i>Male</i>	<i>Negro</i>		<i>31 Oct 55</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country)	12. CITIZEN OF WHAT COUNTRY
		<i>St Louis MO</i>	<i>US</i>

13a. FATHER'S NAME	13b. MOTHER'S MARRIEN NAME	14. NAME OF HUSBAND OR WIFE
<i>John Dwyer</i>	<i>Edith Eullen</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS
		<i>John Dwyer 711 Madison</i>

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES		
	II. OTHER SIGNIFICANT CONDITIONS		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY
		<i>7630</i>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

MEDICAL CERTIFICATION
Cerebrary Congestion

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)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at *1:35 P.M.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
<i>Robert E. Taylor</i>	<i>1300 Corn</i>	<i>11/7/55</i>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY
<i>Removal</i>		<i>St Louis Co MO</i>

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
<i>NOV 7 1955</i>	<i>Carl Smith MO</i>	<i>Reliable Funeral Sgs 1221 N Taylor</i>

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

Signed *Paul V. Freeman*.....

Licensed Embalmer No. *46*

P. O. Address *4729 Ham*

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.