

FILED MAY 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 18361
3525

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis Mo.		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN St. Louis Mo.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital				e. STREET ADDRESS (If rural, give location) 12 Forest Park Hotel 4910 N. Pine				
3. NAME OF DECEASED (Type or Print) a. (First) MERIAM b. (Middle) FERRIS c. (Last) MOSBY			4. DATE OF DEATH (Month) (Day) (Year) APRIL 8 1956					
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED divorced		8. DATE OF BIRTH Sept. 26, 1910		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dept. Store Att.		10b. KIND OF BUSINESS OR INDUSTRY Clerk		11. BIRTHPLACE (City and State or Foreign Country) Stamford Connecticut		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Charles F. Ferris			13b. MOTHER'S MAIDEN NAME Eleanore Irene Drummond		14. NAME OF HUSBAND OR WIFE John C. Mosby			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John C. Mosby Jr. 1703 Canary Cove - Mo.				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Pneumo Pneumonia</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Cirrhosis of the Liver</i> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) _____		21f. HOW DID INJURY OCCUR? _____		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		581.0				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased <i>alive on</i> _____, 19____, and that death occurred at <i>4:30 p.</i> m., from the causes and on the date stated above.								
23a. SIGNATURE <i>Mark E. Taylor Crown</i>				23b. ADDRESS <i>1304 Clark</i>		23c. DATE SIGNED <i>4/9/56</i>		
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <i>4/10/56</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Old Greenwich Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Greenwich, Connecticut</i>		
DATE REC'D BY LOCAL REG. <i>APR 9 1956</i>		REGISTRAR'S SIGNATURE <i>A. Carl Smith MO</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>C.R. Lupton and Sons 7233 Delmar Blv' B.</i>				

(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.....
Signature of Student Embalmer

Signed..... *Clarence H. Murray*

Licensed Embalmer No. *406*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.