

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25161

FILED JUL 20 1956

State File No. ....

318

REG. DIST. NO. PRIMARY REG. DIST. NO. 1003

Registrar's No. .... 6396

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo.</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <i>St Louis, Mo.</i>		c. CITY OR TOWN <i>St Louis, Mo</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>4221 W. Cote Brillante</i>		STREET ADDRESS (If rural, give location) <i>4221W Cote Brillante 21190</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Charles</i> b. (Middle) <i>Henry</i> c. (Last) <i>Mosley</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>July 4 1956</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Minister</i>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 1 HRS. Hours Min. <i>About 70</i>
11. BIRTHPLACE (City and State or Foreign Country) <i>Willmington N.C.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Not Known</i>		13b. MOTHER'S MAIDEN NAME <i>Luvenia Hill</i>	
14. NAME OF HUSBAND OR WIFE <i>Isabella Mosley</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Carolyn Williams 4221W Cote Brillante</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>CORONARY OCCLUSION</i>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>CORONARY HEART DISEASE</i>  DUE TO (c)  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 <i>420.1</i>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 <i>6-21</i> , 19 <i>56</i> , to <i>7-4</i> , 19 <i>56</i> , that I last saw the deceased alive on <i>7-4</i> , 19 <i>56</i> and that death occurred at <i>6p</i> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <i>R. Sherard, M.D.</i>		23b. ADDRESS <i>2702a Franklin</i>	
23c. DATE SIGNED <i>7-7-56</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	
24b. DATE <i>7-9-56</i>		24c. NAME OF CEMETERY OR CREMATORY <i>St Peters Cem</i>	
24d. LOCATION (City, town, or county) (State) <i>St Louis, Mo.</i>		DATE REC'D BY LOCAL REG. <i>JUL 9 1956</i>	
REGISTRAR'S SIGNATURE <i>Carol Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>A. L. Beal Und Co 4303 Delmar</i>	

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Leroy H. Sannister*.....

Licensed Embalmer No. *4523*

P. O. Address *2616 Garrison*.....

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.