FILED SEP 4 1957

STANDARD CERTIFICATE OF DEATH

29810
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7072

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, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes ☒ No ☐	c. CITY OR TOWN St. Louis — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Homer G. Phillips — Length of stay in 1b 27	d. STREET ADDRESS (If outside, give location) 4614 Enright — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First: WILLIAM	Middle: H.	Last: MOSBY	4. DATE OF DEATH	Month: 7	Day: 26 Year: 1957
5. SEX: Male	6. COLOR OR RACE: Negro	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH: 6/18/1885	9. AGE (In years last birthday): 72	IF UNDER 1 YEAR: Months 3 Days 7	IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired	10b. KIND OF BUSINESS OR INDUSTRY: Druggist	11. BIRTHPLACE (City and state or country): Natchez, Miss.	12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13. FATHER'S NAME: Nelson Mosby	14. MOTHER'S MAIDEN NAME: Mary Taylor					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: none	17. INFORMANT: Wm. Houston Mosby, Jr.	Address: 4614 Enright			

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Primary:- Cerebral Vascular Accident, hemorrhage.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Secondary:- Hematoma.

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) E900.0 21

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Suffered when deceased fell down steps at Home of July 23, 1957.

20c. TIME OF INJURY: Hour a. m. p. m. 3 Month, Day, Year 7 23 57

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 12 Home

20f. CITY, TOWN, OR LOCATION St. Louis COUNTY STATE Mo

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____

Death occurred at 9:50 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Patrick E. Taylor Coroner	22b. ADDRESS: 1300 Clark	22c. DATE SIGNED: 7.30.57
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: 8/1/57	23c. NAME OF CEMETERY OR CREMATORY: St. Peters Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis County, Mo.		
24. FUNERAL DIRECTOR: Charles J. Gates	ADDRESS: 4107 Finney	25. DATE RECD. BY LOCAL REG.: JUL 30 57
26. REGISTRAR'S SIGNATURE: J Carl Smith MD MKB		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Edward G. Flynn

Licensed Embalmer No. 4

P. O. Address 4107 Fi

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.