

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-030173  
STATE FILE NUMBER

FILED AUG 28 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7630

S. 300  
1-57  
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1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY 8120 OR TOWN E. St. Louis
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL			Length of stay in 1b		d. STREET ADDRESS 32 1337 1/2 Piggott
3. NAME OF DECEASED (Type or print) First Middle Last MOSELLA NMN BOSLEY			4. DATE OF DEATH AUGUST 3, 1958 Month Day Year		
5. SEX Female	6. COLOR OR RACE 3 Colored	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Abt. 1891	9. AGE (In years last birthday) F UNDER 1 YEAR IF UNDER 24 HRS. Abt. 67 Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Lovejoy, Illinois		12. CITIZEN OF WHAT COUNTRY? U. S. A
13a. FATHER'S NAME Moses Bosley		13b. MOTHER'S MAIDEN NAME Julia (Unk)		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or years of service)		16. SOCIAL SECURITY NO. 329-10-2639	17. INFORMANT Address Herman Bosley, 712 Treadley Ave		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>INTRACEREBRAL HEMORRHAGE</u> DUE TO (b) <u>ARTERIOSCLEROSIS</u> 331X DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH 4 HOURS UNKNOWN
19a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>AUG. 3, 1958</u> to <u>AUG. 3, 1958</u> and last saw her alive on <u>AUG. 3, 1958</u> Death occurred at <u>1:10 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>C. O. Vermillion, M.D.</i>			22b. ADDRESS BARNES HOSPITAL		22c. DATE SIGNED 8/4/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 8/6/58	23c. NAME OF CEMETERY OR CREMATORY Booker T Washington		23d. LOCATION (City, town, or county) (State) E. St. Louis, Ill	
24. FUNERAL DIRECTOR R. M. C. Green, 4060 Washington		25. DATE RECD. BY LOCAL REG. AUG 6 '58		26. REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i> m.j.B.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *Melvin E. Green* .....

Licensed Embalmer No. *4428* .....

P. O. Address *St. Louis* .....

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.