JRI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-024788
STATE FILE NUMBER

FILED VS JUL 1 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6280

NDED

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St.Louis — Length of stay in 1b: 4-yrs.

c. CITY OR TOWN St.Louis — Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3407 Lafayette Ave. — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 3407 Lafayette Ave. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Middle Last: Sister Mary Costanza Mosley (Nell)

4. DATE OF DEATH Month Day Year: June 19th., 1960

5. SEX: F.

6. COLOR OR RACE: W.

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 9/26/1874

9. AGE (last birthday): 85

IF UNDER 1 YEAR / IF UNDER 24 HR — Months / Days / Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Religious- Teacher

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country): Kirksville, Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: George W. Mosley

13b. MOTHER'S MAIDEN NAME: Mary Ann O'Grady

14. NAME OF HUSBAND OR WIFE

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: Sister Marie Fidelis, 3407 Lafayette Ave.

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) Acute Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Cardio-Renal Vascular disease — several months

DUE TO (c) 442x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Thrombophlebitis Right leg

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ N. ☐ Unknown

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.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

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.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1-10-57 to 6-19-60 and last saw her/him alive on 6-14-60

Death occurred at 9:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John T. Flynn MD

22b. ADDRESS: 1715 So. 39th St Louis Mo

22c. DATE SIGNED: 6-20-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 6/21/1960

23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery

23d. LOCATION (City, town, or county) (State): St. Louis, Missouri

24. FUNERAL DIRECTOR: Arthur J. Donnelly — ADDRESS: 3840 Lindell Blvd.

25. DATE RECD. BY LOCAL REG.: JUN 20 1960

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D. MDB

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Francis Williams

Signature of Student Embalmer

Licensed Embalmer No. 356

P. O. Address 38402

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