

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-028650

FILED VS AUG 4 1960

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **6916**

STATE FILE NUMBER

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		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Caroute Homer G. Phillips		d. STREET ADDRESS (If outside, give location) 11 So. 23rd Street	

3. NAME OF DECEASED (Type or print) Marice also known as Maurice Felton Mosby			4. DATE OF DEATH Month 7 Day 7 Year 60	
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> SEPARATED	8. DATE OF BIRTH 8-30-1934	9. AGE (last birthday) 25
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Missouri	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Leon Mosby		13b. MOTHER'S MAIDEN NAME Elizabeth Felton		14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes		16. SOCIAL SECURITY NO. ?	17. INFORMANT Address Dora Bass 11 So. 23rd Street	

18. CAUSE OF DEATH (Enter only one cause per line (a), (b) and (c). DEATH WAS CAUSED BY: PART I. IMMEDIATE CAUSE (a) CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		Massive intra-cranial Hemorrhage; suffered when struck with rolling pin in home at 2140-a walnut Str., by one David Mann (col.) about 3:15 A.M., July 7, 1960. JUSTIFIABLE HOMICIDE 983X		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)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) See - above		
20c. TIME OF INJURY Hour a.m. p.m. 7-7-60				

20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	20f. CITY, TOWN, OR LOCATION St Louis	COUNTY	STATE
21. I attended the deceased from 1040 to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) <i>Robert E. Taylor</i>		22b. ADDRESS 1500 Elm		22c. DATE SIGNED 6/11/60
23. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7-11-60	23c. NAME OF CEMETERY OR CREMATORY Greenwood		23d. LOCATION (City, town, or county) St. Louis County, Missouri
24. FUNERAL DIRECTOR ADDRESS Ellis Funeral Home, Inc. 2820 Stoddard St.		25. DATE RECD. BY LOCAL REG. JUL 11 1960	26. REGISTRAR'S SIGNATURE <i>Loan Smith, M.D.</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY 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 _____
Signature of Student Embalmer

Signed

Fulton E. Collier

Licensed Embalmer No. 4198

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.