

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-026722

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1957

FILED JUL 1 1963

VS 300
Rev. 4/59

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DATE AMENDED

7-24-63

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF Anthony Moss

ITEM NO. SHOULD READ

14 George Moss

DOCUMENT

BY AFFIDAVIT OF Informant

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ellisville		Length of stay in lb 3 mos.	c. CITY OR TOWN Ellisville
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sunset Sanitarium		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 13419 Conway Rd.
3. NAME OF DECEASED (Type or print) First Middle Last MARY CHARLOTTE MOSS			4. DATE OF DEATH Month Day Year June 15, 1963
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-11-1884
9. AGE (last birthday) 78		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Berlin, Germany
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Henry Hartman	
13b. MOTHER'S MAIDEN NAME Mary Crowback		14. NAME OF HUSBAND OR WIFE George Anthony Moss	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) No None		16. SOCIAL SECURITY NO. Richard Heider	
17. INFORMANT St. Louis 311		18. ADDRESS 13419 Conway Rd.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lympho SARCOMA			INTERVAL BETWEEN ONSET AND DEATH 9 MONTHS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) OSTEO POROSIS			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. 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 a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <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 4-10-63 to 6-15-63 and last saw her alive on 6-11-63 Death occurred at 11:30/p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Deceased or title) Martin G. Austin MD		22b. ADDRESS 11745 OLIVE ST. Road	22c. DATE SIGNED 6/17/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	23b. DATE 6-18-1963	23c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory	23d. LOCATION (City, town, or county) St. Louis Co, Mo.
24. FUNERAL DIRECTOR Pfztinger Mort-Kirkwood 22, Mo.		25. DATE RECD. BY LOCAL REG. 6-18-63	26. REGISTRAR'S SIGNATURE John B. [Signature]

USE BLACK INK OR TYPEWRITER RIBBON

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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 *Ben C. Hoffman*

Licensed Embalmer No. *4366*

P. O. Address *New York*

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.

1933-1934