

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
City Sanitarium  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 yrs., 9 mos., 9 days  
(Specify whether days)

In this community 12 years  
years, months or days

3. (a) PRINT FULL NAME Nina Moye

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 5. Color or race Col.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Albert Moye

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Aug. 25 1894  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

46 1 2 hr. min.

9. Birthplace Unknown Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business Housewife

12. Name Unknown

13. Birthplace Unknown Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Ed Duman, Chief Clerk

(b) Address 5400 Arsenal St. on

17. (a) Burial (b) Date thereof 9/30/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director C.W. Roberts

(b) Address 3035 Lucas ave

19. (a) SEP 30 1940 (b) [Signature]  
(Date received & registered) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 13

(c) City or town St. Louis, MO  
(If outside city or town limits, write "RURAL")

Street No. 3028 Bell Ave. 5400 Arsenal St

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 27th in year 1940 hour 9:30 minute a M. M.

21. I hereby certify that I attended the deceased from July 1, 1940 to Sept. 27, 1940 that I last saw her alive on Sept. 27, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis  
2-16-39

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions [Handwritten]  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury

23. Signature [Signature] M. D. or other \_\_\_\_\_

Address 5400 Arsenal Date signed \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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.....

....., Registered Apprentice No. ....

..... working under my personal supervision.

Signed

*Henry A. Hoodin*

Licensed Embalmer No. *3050*

P.O. Address *4237 W. Labac*

**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 this body is not embalmed, fact should be so stated above.**