

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 6 1942

Registration District No. 104

Primary Registration District No. 200

Registrar's No. 172

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

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Manchester
 (c) Name of hospital or institution Manchester Nursing Home #
 (d) Length of stay: 5 months & 20 days
 In this community 5 months & 20 days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town Eureka
 (d) Street No. Highway #106
 (e) Citizen of foreign country? no
 If yes, name country _____

3. (a) PRINT FULL NAME Fidella Earl Moad
 3. (b) If veteran, name war. None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Dec. 24 1912

8. AGE: Years 29 Months 0 Days 28 If less than one day _____ hr. _____ min.

9. Birthplace Monett Missouri

10. Usual occupation Invalid

MOTHER FATHER
 11. Industry or business none
 12. Name Fidella Elliott Moad
 13. Birthplace Sedalia Missouri
 14. Maiden name Bessie Washam
 15. Birthplace Mountainberg Arkansas

16. (a) Informant Leslie Lunnies
 (b) Address Eureka, Mo.

17. (a) Removal (b) Date thereof Jan. 24-1942
 (c) Place: burial or cremation Monett Mo.

18. (a) Signature of funeral director Schrader Funeral Home

(b) Address Balwin, Mo.
 19. (a) JAN 22 1942 (b) Dr. Wm. G. Gammel
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month January day 22 year 1942 hour 2 minute 31 P. M.
 21. I hereby certify that I attended the deceased from 1-1-42 to 1-22-42
 that I last saw him alive on 1-22 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia
 Due to epilepsy
 Due to congenitally deformed
 Other conditions (include pregnancy within 3 months of death) _____
 Major findings: Of operations 107
 Of autopsy _____

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? _____
 (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 Ed Genny (M. D. or other) MD
 Address 611 Olive, St. Louis, Mo. Date signed 1-22-42

JAN 29 1942

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 *Theo. Schrader*

Licensed Embalmer No. *3066*

P. O. Address *Baltimore, Md.*

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.