

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26137  
State File No. 6899  
Registrar's No.

FILED JUL 31 1952

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

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, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital		d. STREET ADDRESS (If rural, give location) 22 1734 Love Joy Lane		2229	
3. NAME OF DECEASED (Type or Print) a. (First) Master b. (Middle): c. (Last) Moody			4. DATE OF DEATH (Month) (Day) (Year) 7 15 1952		
5. SEX Male 2	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1	8. DATE OF BIRTH August 1, 1888	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Kentucky 1	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Myrtle Moody		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No Soc. Sec.	
17. INFORMANT'S SIGNATURE OR NAME Myrtle Moody		ADDRESS 1734 Love Joy Lane			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Arteriosclerosis INTERVAL BETWEEN ONSET AND DEATH Undet.			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) Undetermined DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4500	
22. I hereby certify that I attended the deceased from 6-12, 1952, to 7-15, 1952, that I last saw the deceased alive on 7-15, 1952, and that death occurred at 7:14 a.m., from the causes and on the date stated above.					
23a. SIGNATURE Edna E. Hooper M.D.		23b. ADDRESS 2601 N Whittier St		23c. DATE SIGNED 7-16-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7/22/52		24c. NAME OF CEMETERY OR CREMATORY Oakdale	
24d. LOCATION (City, town, or county) (State) LeMay, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE 1227 Bond			
DATE REC'D BY LOCAL REG. JUL 16 1952		REGISTRAR'S SIGNATURE J. Carl Smith M.D. m 85		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1227 Bond	

WRITE PLAINLY—USING 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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*C. Adams*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4755*

P. O. Address *1221 N. Grand*

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.