

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 29 1956

State File No. **22015**
Registrar's No. **5537**

BIRTH NO. _____ 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 town) St. Louis	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Jefferson & Papin Sts		e. STREET ADDRESS (If rural, give location) 22 821 S. 23rd Street	
3. NAME OF DECEASED (Type or Print) a. (First) Richard b. (Middle) Moody c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) JUNE 7 1956	
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 2, 1895
9. AGE (In years last birthday) 61		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Night Watchman	11. BIRTHPLACE (City and State or Foreign Country) St. Louis MO
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY COAL CO	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME GEORGE Moody		13b. MOTHER'S MAIDEN NAME HATHE ?	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) NO		16. SOCIAL SECURITY NO. 0156959	17. INFORMANT'S SIGNATURE OR NAME ADDRESS ADR SIMS 4217 WASH BLVD
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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure		INTERVAL BETWEEN ONSET AND DEATH
	2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Cerebral Edema; Coronary Arteriosclerosis; suffered when struck by truck backing from lot into alley in the rear of 2337 Papin St., about 035 am., June 7, 1956		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, store, street, office bldg., etc.) Alley	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis MO 8120	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 7 56 10A 35	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 25	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1250 P m., from the causes and on the date stated above.			
23a. SIGNATURE Joseph J. Smith		23b. ADDRESS 1300 Clark	23c. DATE SIGNED 6/11/56
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 6/12/56	24c. NAME OF CEMETERY OR CREMATORY WASHINGTON PARK	24d. LOCATION (City, town, or county) (State) St. Louis County, MO
DATE REC'D BY LOCAL REG. JUN 11 1956	REGISTRAR'S SIGNATURE J. Carl Smith MO	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS S. J. WATSON 276 Chouteau	

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Fulton E. Culkin*.....

Licensed Embalmer No. *419*.....

P. O. Address *[Signature]*.....

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.