

REC'D SEP 12 1938

## MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

791  
1008

26806

Do not use this space.

## 1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
 (b) Township ..... Primary Registration District No. .... Registered No. **6820**  
 (c) City **St. Louis** (d) Street No. **City Hospital No. 1** St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth, yrs. mos. ds.

b. 5649

## 2. PRINT FULL NAME

**George Moody**  
 (a) Residence, No. **Ozanam Shelter** St. **11** (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **single**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

**June 12, 1880**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
**58** **1** **14**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Laborer**  
 9. Industry or business in which work was done, as saw mill, bank, etc. **XXXX**  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Missouri**FATHER 13. NAME **Dont Know.**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Dont Know.**MOTHER 15. MAIDEN NAME **Dont Know.**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Dont Know.**17. INFORMANT (ADDRESS) **Hosp. Info. M. Kent City Hospital.**18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cemetery** DATE **Aug. 1, 1938**19. FUNERAL DIRECTOR (ADDRESS) **J. H. Gebken & Co. 2842 Meramec St.**20. FILED **AUG 1 1938** **J. D. Bricker** Local Registrar (Address) **City Hospital No. 1**

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **7/26/38** 1922. I HEREBY CERTIFY, That I attended deceased from **7/22/38** to **7/26/38**, 19I last saw him alive on **7/26/38**, 19. Death is saidto have occurred on the date stated above, at **1.30 a**

The principal cause of death and related causes of importance were as follows:

*Coronary stenosis - arteriosclerosis with decompensation. Recurrent pericarditis. Pulmonary edema.*

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) **E. P. Reh**, M. D.

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
\_\_\_\_\_, L. E. No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

*No Embalming*

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

**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.)**