N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED APR 12 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

8544
Do not use this space

1. PLACE OF DEATH
(a) County 2 Registration District No. 791
(b) Township 1 Primary Registration District No. 1003 Registered No. 2369
(c) City St. Louis (d) Street No. 1236 a Chauteau 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.
D. 16607

2. PRINT FULL NAME 300 John Moody
(a) Residence, No. 1236 a Chauteau St. 22
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret Moody
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 28, 1867
7. AGE YEARS 71 MONTHS 4 DAYS 11 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. machinist
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) Tennessee 1

FATHER
13. NAME John Wesley 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky 1

MOTHER
15. MAIDEN NAME Paralee Grey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Hosp. Info M. Kent
18. ~~BURIAL, CREMATION, OR~~ REMOVAL to
PLACE ~~Marine Ill~~ St Matthews DATE 3/11/39, 19
19. FUNERAL DIRECTOR (NAME) A. W. McLaughlin (ADDRESS) 2301 Lafayette Ave
20. FILED MAR 11 1939 J. F. Budick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/9/39, 19

22. I HEREBY CERTIFY, That I attended deceased from 2/13/39, 19, to 3/9/39, 19
I last saw him alive on 3/9/39, 19 Death is said to have occurred on the date stated above, at 10.50 m.a
The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach.

Date of onset

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? X-ray Was there an autopsy? No

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? No
If so, specify
(Signed) [signature], M. D.
(Address) 1236 a CHAUTEAU City Hospital

(Licensed Embalmer's Statement on Reverse Side)

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, Paul A. Kerth, or by .....,

Registered Apprentice No....., working under my personal supervision.

Signed Paul A. Kerth

Licensed Embalmer No. 2317

P. O. Address Lafayette ave

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, above space should be left blank.