#15479
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DM—9-4-41
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 13 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8999

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 2860

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 Days (Specify whether years, months or days)
In this community 5yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 25 000 17 9
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1616 Franklin Avenue
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country London, England 0

3. (a) PRINT FULL NAME Charles Moody
3. (b) If veteran, name war Unknown
3. (c) Social Security No. Unknown
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced 3
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased January 30, 1880 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
62	1	10	hr. min.

9. Birthplace London, (City, town, or county) England (State or foreign country) 4
10. Usual occupation Odd Jobs
11. Industry or business Unknown
FATHER
12. Name William Moody
13. Birthplace (City, town, or county) England (State or foreign country) 4
MOTHER
14. Maiden name Jane Hannah
15. Birthplace (City, town, or county) England (State or foreign country) 4
16. (a) Informant Ann Morrison
(b) Address St. Louis City Hospital.
17. (a) Autonical Board (Burial, cremation, or removal) (b) Date thereof 3-11-42 (Month) (Day) (Year)
(c) Place: burial or cremation St Louis
18. (a) Signature of funeral director W. Ruby
(b) Address 3500 Ruby
19. (a) MAR 31 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9. year 1942 hour 10:10 minute P. M.
21. I hereby certify that I attended the deceased from February 27, 1942 to March 9, 1942 that I last saw him alive on March 9, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations _____
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? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature M. M. Carl (M. D. or other)
Address 1515 Lafayette Avenue. Date signed 3/10/42

(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, or by.....

....., Registered. Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.