

S. No. 2
OM-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12554
State File No. 4295
Registrar's No.

REGISTRATION DISTRICT NO. 1003

Primary Registration District No. 1003

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

3. (a) PRINT FULL NAME Fannie Jeffries Moxley
3. (b) If veteran, name war.....
3. (c) Social Security No.....

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Isaac Moxley 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased March 30 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 1 7 hr. min.

9. Birthplace Decatur Michigan
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business
12. Name Irving Jeffries
13. Birthplace Cocoma Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Frances Roberts
15. Birthplace Rush County Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Leona M. Evans
(b) Address 4253 W. Aldine

17. (a) Removal Marcellus, Mich. (b) Date thereof May 9th '43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director Russell Undt, Co.
(b) Address 2732 Pine Street

19. (a) MAY 9 1943 (b) J.F. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4253 W. Aldine
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 5 day 7
year 1943 hour 10: minute 30 P. M.
21. I hereby certify that I attended the deceased from 4/1 1943 to 5/7 1943
that I last saw h..... alive on..... 1943
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Cerebral Embolism
Due to chronic myocardial
hypertrophy and
arteriosclerosis
Other conditions.....
(Include pregnancy within 3 months of death)
Major findings:
Of operations.....
Of autopsy no

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?
While at work?..... (Specify type of place) (e) Means of injury.....
23. Signature..... (M. D. or other).....
Date signed 5/10/43

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 Joel Russell
Licensed Embalmer No. 4112

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.