

S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

FILED SEP 8 1944 8

State File No. _____

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 7326 ✓

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mo. Pacific Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 Days
(Specify whether
In this community 19 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 1811a Iowa
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Bessie Beulah Moody

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife John R. 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Sept. 23rd 1900
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
43 10 29 hr. min.

9. Birthplace Iron County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife
At Home

11. Industry or business _____

12. Name Henry Taylor
13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Rattie Rutledge
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant John R. Moody
(b) Address 1811a Iowa

17. (a) Burial (b) Date thereof 8/25/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus. Cem.

18. (a) Signature of funeral director A. W. McLaughlin
(b) Address 2301 Lafayette Ave.

19. (a) AUG 25 1944 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 22
year 1944 hour 02:24 minute P. M.

21. I hereby certify that I attended the deceased from August 21, 1944, to August 22, 1944.
that I last saw her alive on August 22, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatosis
Due to Carcinoma of cervix Duration 17 mos.

Due to _____
Other conditions (Include pregnancy within 3 months of death) HSA

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?

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Jed Bellville (M. D. or other)
Address 1755 So. Grand Date signed 8-22-44

WRITE PLAINLY—USE 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *L R Cooper*.....
Licensed Embalmer No..... *3633*.....
P.O. Address..... *2317 Lafayette*.....

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.