

FILED AUG 25 1944 318

Registration District No. _____

Primary Registration District No. _____

1003

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:
2719 a. Lucas Avenue /
(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 **Jessie Brockman Moody**

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

4. Sex **F** 5. Color or race **Col** 6. (a) Single, widowed, married, divorced **W 2**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: **Unknown**
(Month) (Day) (Year)

8. AGE: Years Months Days . If less than one day
abt - 49 hr. min.

9. Birthplace **Oxford, Miss.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laundry woman**

MOTHER FATHER

11. Industry or business **Peter Poe**

12. Name _____
13. Birthplace **Oxford, Miss.**
(City, town, or county) (State or foreign country)

14. Maiden name **Marian Freeman**
15. Birthplace **Oxford, Miss.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Lucy Mitchell**
(b) Address **2719 a. Lucas Avenue**

17. (a) **Burial** (b) Date thereof **8 - 19 - 44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenwood Cemetery**

18. (a) Signature of funeral director: **A.L. Beal Und. Co.**

(b) Address **2726 Lucas Avenue**

19. (a) **AUG 18 1944** (b) **J. F. Brockman**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **17**
(c) City or town **St. Louis,**
2719 a. Lucas Avenue (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **13**
year **44** hour **10** minute **00** P.M.

21. I hereby certify that I attended the deceased from **Aug 11**
19**44**, to **Aug 13**, 19**44**
that I last saw her alive on **Aug 12**, 19**44**
and that death occurred on the date and hour stated above

Immediate cause of death: **Coronary Heart Failure** Duration _____

Due to _____
Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations: **93**
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:

(c) 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 **Wm E. New** (M. D. or other) _____
Mrs. N. Sarah Date signed **8/14/44**

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

RECEIVED

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 A. B. Richardson
Licensed Embalmer No. 2928
P. O. Address 2625 Glasgow

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.