

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 weeks
(Specify whether
In this community _____
years, months or days)

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. 3515 Indiana
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George Moody
3. (b) If veteran, name war None 3. (c) Social Security No. None
4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emma
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased January 1, 1886
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 7th
year 1945 hour 1:40 minute P. M.
21. I hereby certify that I attended the deceased from 1/3/45
_____ 19____ to 1/7/45 19____
that I last saw h. im. alive on 1/7/45 19____
and that death occurred on the date and hour stated above.

8. AGE: Years 58 Months 0 Days 6
If less than one day _____ hr. _____ min.

Immediate cause of death Lobar pneumonia
Duration _____
Due to _____
Due to _____
Other conditions Cerebral thrombosis due to arteriosclerosis
(Include pregnancy within 3 months of death)

9. Birthplace Iuka Arkansas
(City, town, or county) (State or foreign country)
10. Usual occupation Tobacco
11. Industry or business Retired 6 years
12. Name John Moody
13. Birthplace Iuka Arkansas
(City, town, or county) (State or foreign country)
14. Maiden name Mary King
15. Birthplace Arkansas
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. J. B. Bunting
(b) Address St. Louis, Missouri
17. (a) Burial (b) Date thereof Jan. 10 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Birchtree Mo.
18. (a) Signature of funeral director Marion J. Lakey
(b) Address Madison Mo.
19. (a) JAN 8 1945 (Date received local registrar)
J. Medick (Registrar's signature)

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 E. W. Czubinski (M. D. or other) _____
Address 1515 Lafayette Date signed 1/8/45

SEP 10 1958

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 *Francis J. Lacey*
Licensed Embalmer No. *2792*
P. O. Address *Medison Ill.*

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.