S. No. 2
M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUN 3 1946

State File No. 17965

Registration District No. 317 Primary Registration District No. 2002 Registrar's No. 1148

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town University City, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 437 Mission Court /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 70 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town University City, 3
(If outside city or town limits, write "RURAL")

(d) Street No. 437 Mission Court 5
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Annie Moody Pope

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

4. Sex F. / 5. Color or race W. 6. (a) Single, widowed, married, divorced Widow 21

6. (b) Name of husband or wife E. O. Pope, Dec. 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased March (Month) 13 (Day) 1865 (Year)

8. AGE: Years 81 Months 2 Days 10 If less than one day ..... hr. ..... min.

9. Birthplace Illinois (City, town, or county) / (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Mathew Nelson Moody 4
13. Birthplace England (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Malinda Hargreave
15. Birthplace Va. (City, town, or county) / (State or foreign country)

16. (a) Informant Nelson Pope

(b) Address 437 Mission Court, University City

17. (a) burial (Burial, cremation, or removal) (b) Date thereof May 25/46 (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Alexander Sons

(b) Address 6175 Delmar

19. (a) 5-27-46 (Date received local registrar) (b) E G McGarvan MD (Registrar's signature) 856

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23
year 1946 hour 2: minute 11 A. M.

21. I hereby certify that I attended the deceased from May 1934, 19..., to death, 19...;
that I last saw her alive on May 22, 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	
Due to Arteriosclerosis general	
Due to 97	
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 Charles H. Duden (M. D. or other) M.D.

Address 3720 Washington Date signed 5/24/46

(Licensed Embalmer's Statement on Reverse Side)

Dr C. H. Dudas
3720 Washington
1 - 4

NOV 3 1947.

NOV 12 1946

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 Thomas R Jenwick

Licensed Embalmer No. 3793

P. O. Address 6175 Delmar

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.