

FILED MAY 27 1950
111279

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18470

State File No.

BIRTH NO. REG. DIST. NO. **318** PRIMARY REG. DIST. **1003** Registrar's No. **1434**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 7706 Alabama	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.			

3. NAME OF DECEASED (Type or Print)	a. (First) MARY	b. (Middle) Ellen	c. (Last) MOODY	4. DATE OF DEATH (Month) (Day) (Year) May 16th, 1950
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH AUG 12 - 1915	9. AGE (In years last birthday) 34	10. UNDER 1 YEAR Months 9 Days 4	11. UNDER 1 MIN. Hours 4
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) VAN BUREN, MO	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME ED. LAY	13b. MOTHER'S MAIDEN NAME ELIZABETH SHAMMOODY	14. NAME OF HUSBAND OR WIFE WM. L. MOODY
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME WM. L. MOODY	ADDRESS 7706 ALABAMA
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Nephropathy		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 10 yrs
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension Pericarditis		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis MO
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **5/9/50**, 19**50**, to **5/16/50**, 19**50**, that I last saw the deceased alive on **5/16/50**, 19**50**, and that death occurred at **6:55 PM** m., from the causes and on the date stated above.

23a. SIGNATURE Joseph C. J. Blum	(Degree or title)	23b. ADDRESS 1515 Lafayette Ave.,	23c. DATE SIGNED 5/17/50
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE MAY 19 50	24c. NAME OF CEMETERY OR CREMATORY MOUNT HOPE	24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO
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DATE REC'D BY LOCAL MAY 18 1950	REGISTRAR'S SIGNATURE J. B. Hunter	25. FUNERAL DIRECTOR'S SIGNATURE C. H. F. F. MEISTER	ADDRESS 7814 S. B. Dr.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 18 1930

Emb separate Cert filed

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

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.