No. 300
10-48

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

FILED OCT 26 1950

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 35620

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 2002 Registrar's No. 2493

**1. PLACE OF DEATH**
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) University City
c. LENGTH OF STAY (in this place) 28 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 6351 Waterman Ave

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE Missouri 6351 Waterman COUNTY St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) University City 4336
d. STREET ADDRESS (If rural, give location) 6351 Waterman Ave.

**3. NAME OF DECEASED** (Type or Print) a. (First) Esther b. (Middle) Browne c. (Last) Moody

**4. DATE OF DEATH** (Month) Oct. (Day) 15 (Year) 1950

**5. SEX** Female
**6. COLOR OR RACE** White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Widow
**8. DATE OF BIRTH** May 17, 1874
**9. AGE** (In years last birthday) 76 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Housewife
**10b. KIND OF BUSINESS OR INDUSTRY** Home
**11. BIRTHPLACE** (State or foreign country) Westerville, Ohio
**12. CITIZEN OF WHAT COUNTRY?** United States

**13a. FATHER'S NAME** Dr George S. J. Browne
**13b. MOTHER'S MAIDEN NAME** Emma Carpenter
**14. NAME OF HUSBAND OR WIFE** Ambrose A. Moody

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) No (If yes, give war or dates of service) —
**16. SOCIAL SECURITY NO.** None
**17. INFORMANT'S SIGNATURE OR NAME** Mrs. Esther Moody Foster, ADDRESS Clayton Mo

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* | (a) Myocarditis chronic | 5 years |
| ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* | DUE TO (b) Hypertensive cardiovascular | |
| | DUE TO (c) Arteriosclerosis | 10 years + |
| II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* | Severe secondary anemia | 30 years + |

**19a. DATE OF OPERATION** No
**19b. MAJOR FINDINGS OF OPERATION** 443 X
**20. AUTOPSY?** YES ☐ NO ☒

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify) No
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)
**21c.** (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* August, 1921, *to* October 15 1950, *that I last saw the deceased alive on* October 15, 1950, *and that death occurred at* 9:37P *m., from the causes and on the date stated above.*

**23a. SIGNATURE** J. Fred W. Clark (Degree or title) MD
**23b. ADDRESS** 8C4 Hamilton Blvd St. Louis, 12 Missouri
**23c. DATE SIGNED** 10-16-50

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Removal
**24b. DATE** 10/17/50
**24c. NAME OF CEMETERY OR CREMATORY** Spring Grove Cemetery
**24d. LOCATION** (City, town, or county) Cincinnati, Ohio. (State)

**DATE REC'D BY LOCAL REG.** OCT 16 1950
**REGISTRAR'S SIGNATURE** H R Domke M D/mbr
**25. FUNERAL DIRECTOR'S SIGNATURE** C. R. Lupton & Sons ADDRESS 7233 Delmar Blvd

(Licensed Embalmer's Statement on Reverse Side)

OCT 28 1950

## 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 ..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.