

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

22396

State File No. 5534

FILED JUL 2 - 1952

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE MISSOURI b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 2 mos.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 212			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospital				d. STREET ADDRESS (If rural, give location) 12 5574 Delmar Blvd.			
3. NAME OF DECEASED (Type or Print) a. (First) Edward			b. (Middle)		c. (Last) MOODY		4. DATE OF DEATH (Month) (Day) (Year) 6-14-52
5. SEX 0 Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH Jan 17 1888		9. AGE (In years last birthday) 64 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS. Mts.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Modern Eng. Co		11. BIRTHPLACE (City and State or Foreign Country) Greenville Texas		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME W. C. Moody		13b. MOTHER'S MAIDEN NAME Mary Lea		14. NAME OF HUSBAND OR WIFE none			
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. 493-03-8589		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hugh Moody 710 Limit Ave.			
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.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 1 week
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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)			
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? 4201			
22. I hereby certify that I attended the deceased from 1951 to 14 June 1952, that I last saw the deceased alive on 13 June 1952, and that death occurred at 4A m., from the causes and on the date stated above.							
23a. SIGNATURE Robert Paine M.D. (Degree or title)				23b. ADDRESS 3720 Washington, St. Louis		23c. DATE SIGNED 14 June 52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6-15-52		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Greenville, Texas	
DATE REC'D BY LOCAL REG. JUN 16 1952		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fred M. Williams S. Louis, Mo.			

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

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

Robert M. Murray

Licensed Embalmer No. *3749*

P. O. Address *St. Louis Mo*

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.