

Health,  
L. Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-046070  
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11860

FILED JAN 5 1959  
PLACE OF DEATH  
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY  
c. CITY OR TOWN St. Louis Inside Limits Yes  No

c. FULL NAME OF (If NOT in hospital, give location) Length of stay in lb  
HOSPITAL OR INSTITUTION 38 route City Hospital DOA d. STREET ADDRESS (If outside, give location) 267 1907 Madison Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last Walter Sylvester Moody 4. DATE OF DEATH Month Day Year December 8, 1958

5. SEX Male Male 6. COLOR OR RACE White 7. MARRIED  NEVER MARRIED  WIDOWED  DIVORCED  8. DATE OF BIRTH Feb. 14, 1903 9. AGE (In years last birthday) 55 FUNDER 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) Edge trimmer 10b. KIND OF BUSINESS OR INDUSTRY Shoe Factory 11. BIRTHPLACE (City and state or country) Clarence, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Walter Moody 13b. MOTHER'S MAIDEN NAME Nannie Unknown 14. NAME OF HUSBAND OR WIFE Geneva Moody

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. 388-03-2813 17. INFORMANT Address Geneva Moody, 1907 Madison

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 420.1 DUE TO (c)  
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 19. WAS AUTOPSY PERFORMED? YES  NO

20a. ACCIDENT SUICIDE HOMICIDE    20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY . Hour Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT  NOT WHILE AT WORK  20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her alive on \_\_\_\_\_ Death occurred at \_\_\_\_\_ on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) 22b. ADDRESS 22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 12-10-58 23c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cemetery 23d. LOCATION (City, town, or county) St. Louis, Mo.

24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe, 4700 Washington Blvd. 25. DATE RECD. BY LOCAL REG. DEC 9 '58 26. REGISTRAR'S SIGNATURE

Doctor, coroner, etc.: most use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 .....  
Signature of Student Embalmer

Signed *W. Wilkinson* .....

Licensed Embalmer No. *3575*

P. O. Address *A. Louis* .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.