

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-012980

FILED VS MAR 3 1 1960

Registration District No. Primary Registration District No. Registrar's 2 2799

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS				Length of stay in 1b 94 DAYS		c. CITY OR TOWN EAST ST. LOUIS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETS. ADMIN. HOSPT.				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1216 KANSAS	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First ROOSEVELT		Middle NMI		Last MOODY SR.		Month Day Year MARCH 7 1960	
5. SEX MALE	6. COLOR OR RACE NEGRO	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH 6/22/06	9. AGE (last birthday) 53	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY Armstrong & Co		11. BIRTHPLACE (City and state or country) TUPELO, MISS.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME WILLIAM MOODY			13b. MOTHER'S MAIDEN NAME ALICE (UNK)			14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW II		16. SOCIAL SECURITY NO. WW II		17. INFORMANT Address ROOSEVELT MOODY, JR. E. ST. LOUIS, ILL.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) CARDIAC SHOCK						12 HRS	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						9 HRS	
DUE TO (b) MYOCARDIAL INFARCTION						3 DAYS	
DUE TO (c) POST OP. R. U. LOBECTOMY						7 59.0	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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 WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. VA attended the deceased from 12/4/59 to 3/7/60 and last saw him alive on 3/7/60 Death occurred at 4:25 PM on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Edward Koger M.D.				22b. ADDRESS VAH, ST. LOUIS, MO.		22c. DATE SIGNED 3/7/60	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 3-10-60		23c. NAME OF CEMETERY OR CREMATORY National Consistory		23d. LOCATION (City, town, or county) (State) Jefferson Parishes, Miss.	
24. FUNERAL DIRECTOR W. Frances Nash ADDRESS 41 N. 12th St. St. Louis, Mo.				25. DATE RECD. BY LOCAL REG. MAR 10 1960		26. REGISTRAR'S SIGNATURE Loed Smith, M.D.	

Prepared: Oper. Div. of Health - Standard Certificate of Death
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *John J. [Signature]*
Licensed Embalmer No. 4434
P. O. Address 111 N. 13th

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.