

FILED JAN 26 1951

STANDARD CERTIFICATE OF DEATH

State File No.

2825

250

BIRTH NO.		REG. DIST. 318		PRIMARY REG. DIST. 1003		Registrar's No.	
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 OR TOWN St. Louis LENGTH OF STAY (in this place) Jan. 6 - 1951				c. CITY (If outside corporate limits, write RURAL and give township) St. Louis OR TOWN St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmery				d. STREET ADDRESS (If rural, give location) 5800 Arsenal St			
3. NAME OF DECEASED (Type or Print) Robert Moore			a. (First) Robert			b. (Middle) Moore	
c. (Last) Moore			4. DATE OF DEATH (Month) (Day) (Year) Jan. 6 1951				
5. SEX Male 2		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1		8. DATE OF BIRTH Sept. 1, 1899	
9. AGE (In years last birthday) 51		IF UNDER 1 YEAR Months 11		IF UNDER 1 YEAR Days 4		IF UNDER 1 HRS. Hours 5	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Terminal R. R.		11. BIRTHPLACE (State or foreign country) Georgia 1		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Squire Moore			13b. MOTHER'S MAIDEN NAME Dora ??			14. NAME OF HUSBAND OR WIFE Mrs. Elizabeth Moore	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		(If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 195-12-5013		17. INFORMANT'S SIGNATURE OR NAME City Inf. Records 5800 Arsenal St.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) TABO PARESIS 1949 PLUS.				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Toxic Heart Disease.							
DUE TO (c)							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 023X			
22. I hereby certify that I attended the deceased from Nov. 21, 1946 to Jan. 6, 1951 , that I last saw the deceased alive on Jan. 6, 1951 , and that death occurred at 11:30 P.M. from the causes and on the date stated above.							
23a. SIGNATURE Palmer Duane Bowditch (Degree or title)				23b. ADDRESS 5800 Arsenal St.		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Jan 12/51		24c. NAME OF CEMETERY OR CREMATORY Washington Park		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE J. B. Larater		25. FUNERAL DIRECTOR'S SIGNATURE C. J. Nash		ADDRESS 3847 Page			

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.....

.....
working under my personal supervision.

Student Embalmer No. 326

Signed Walter S. Woods
Student Embalmer

Signed C. J. Nash

Licensed Embalmer No. 2438

P. O. Address 3847 Page

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.