

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6457

FILED FEB 23 1951

State File No. 1363
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 1363		Registrar's No. _____																																																																															
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY																																																																																			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis			c. LENGTH OF STAY (In this place) 46 Yrs.			c. CITY (If outside corporate limits, write RURAL and give township) 16th OR TOWN St. Louis			2169																																																																														
d. FULL NAME OF HOSPITAL OR INSTITUTION 3425 Alberta Avenue				d. STREET ADDRESS (If rural, give location) 3425 Alberta Avenue																																																																																			
3. NAME OF DECEASED (Type or Print) a. (First) Mary			b. (Middle) M.		c. (Last) Moore		4. DATE OF DEATH (Month) (Day) (Year) Feb. 8, 1951																																																																																
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W		8. DATE OF BIRTH July 12, 1874		9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.																																																																													
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home			10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (State or foreign country) Macon, Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.																																																																															
13a. FATHER'S NAME ? Buttman			13b. MOTHER'S MAIDEN NAME Ethel (Unknown)			14. NAME OF HUSBAND OR WIFE Harry Moore																																																																																	
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clarence Moore, 3425 Alberta 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, asthenia, etc. It means the disease, injury, or complication which caused death.																																																																																							
<table border="1"> <tr> <td colspan="11">I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction</td> </tr> <tr> <td colspan="11">ANTECEDENT CAUSES</td> </tr> <tr> <td colspan="11">Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</td> </tr> <tr> <td colspan="11">DUE TO (b) _____</td> </tr> <tr> <td colspan="11">DUE TO (c) _____</td> </tr> <tr> <td colspan="11">II. OTHER SIGNIFICANT CONDITIONS</td> </tr> <tr> <td colspan="11">Conditions contributing to the death but not related to the disease or condition causing death.</td> </tr> </table>											I. 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) _____											DUE TO (c) _____											II. OTHER SIGNIFICANT CONDITIONS											Conditions contributing to the death but not related to the disease or condition causing death.										
I. 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) _____																																																																																							
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) M		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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? H/O X																																																																																		
22. I hereby certify that I attended the deceased from Jan 19 50, to Feb 8 19 51 , that I last saw the deceased alive on Feb 8 19 51 , and that death occurred at 6:00 P. m. , from the causes and on the date stated above.																																																																																							
23a. SIGNATURE (Degree or title) R. B. ...				23b. ADDRESS 3203 S Grand City				23c. DATE SIGNED 2-8-51																																																																															
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 10, 1951	24c. NAME OF CEMETERY OR CREMATORY Fee Fee Cemetery			24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.																																																																																	
DATE REC'D BY LOCAL REG. FEB 10 1951		REGISTRAR'S SIGNATURE J. B. ...			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave.																																																																																		

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

Dr. Ralph Berg

3203 So. Grand
SI 7857

.30 2 30
11:00 - 1:00
3:00 - 5:00
7:00 - 9:00

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.

Signed.....
Student Embalmer

Signed

Delis J. Krupin

Licensed Embalmer No. 3497

P. O. Address 1936 St. 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 this body is not embalmed, fact should be so stated above.