S. No. 300
v. 10.46

FILED APR 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14496

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3559

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (In this place) 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Mary's Infirmary

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Illinois
b. COUNTY St. Clair
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) E. St. Louis 8120
d. STREET ADDRESS (If rural, give location) 1307 Tudor Avenue

3. NAME OF DECEASED (Type or Print)
a. (First) Charity
b. (Middle)
c. (Last) Moore

4. DATE OF DEATH (Month) (Day) (Year) April 11, 1951

5. SEX Female 3
6. COLOR OR RACE Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH Mar. 31, 1890
9. AGE (In years last birthday) 61 | If under 1 year: Months 0 Days 11 | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY At home
11. BIRTHPLACE (State or foreign country) Louisiana
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME —
13b. MOTHER'S MAIDEN NAME —
14. NAME OF HUSBAND OR WIFE —

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. none
17. INFORMANT'S SIGNATURE OR NAME Willie Spencer **ADDRESS** 1307 Tudor

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.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive H Dis.
DUE TO (c) Lobar Pneumonia

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 ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? NOX

22. *I hereby certify that I attended the deceased from* 4/1, 1951, *to* 4/11, 1951, *that I last saw the deceased alive on* 4/11, 1951, *and that death occurred at* 7:00 p m., *from the causes and on the date stated above.*

23a. SIGNATURE Chas. R. Nash Jr. (Degree or title)
23b. ADDRESS 1419 Kansas
23c. DATE SIGNED 4/16/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 4-16-51
24c. NAME OF CEMETERY OR CREMATORY Bremond
24d. LOCATION (City, town, or county) (State) E. St. Louis, Illinois

DATE REC'D BY LOCAL REG. APR 16 1951
REGISTRAR'S SIGNATURE J. B. Sarater
25. FUNERAL DIRECTOR'S SIGNATURE C. J. Nash **ADDRESS** 3847 Page

(Licensed Embalmer's Statement on Reverse Side)

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.....

Signed C. T. Nash

Signed.....
Student Embalmer

Licensed Embalmer No. 2432

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.