

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6643

State File No.

1641

550 MAR 5 1952

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1003

Registrar's No.

No. 300
10-48

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		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 town or TOWN St. Louis, Missouri)		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR St. Louis		2249	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1				d. STREET ADDRESS (If rural, give location) 3458a Oregon Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) ANNA		b. (Middle) DARLING		c. (Last) MOORMAN		4. DATE OF DEATH (Month) (Day) (Year) FEB. 20, 1952	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Nov. 27, 1873	
9. AGE (In years last birthday) 78 yrs.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Bookkeeper		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Chester Munson		13b. MOTHER'S MAIDEN NAME Teresa LaDue		14. NAME OF HUSBAND OR WIFE William R. Moorman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Oreon T. O'Brien, 6720 Sutherland 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Renal Pelvis with metastasis ANTECEDENT CAUSES Morbidity 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.				INTERVAL BETWEEN ONSET AND 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"/>		21h. HOW DID INJURY OCCUR? 180x			
22. I hereby certify that I attended the deceased from 1-26-52 , 19____, to 2-20-52 , 19____, that I last saw the deceased alive on 2-20-52 , 19____, and that death occurred at 9:30A m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Robert Munson M.D.				23b. ADDRESS 1515 Lafayette Avenue		23c. DATE SIGNED 2-20-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-22-52		24c. NAME OF CEMETERY OR CREMATORY Cloverport, Ky.		24d. LOCATION (City, town, or county) (State) Cloverport, Ky.	
DATE REC'D BY LOCAL REG. FEB 21 1952		REGISTRAR'S SIGNATURE Carl Smith, MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Witt Bros. L. & U. Co. 2929 S. Jeff. Av. St. L. Mo.			

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 _____

Harold L. Witt

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Edgar F. Witt

Licensed Embalmer No. 2117

P. O. Address _____

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.