

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11485

State File No. _____

FILED APR 11 1952

936

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. <u>936</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>no.</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood Park. mo</u>		c. LENGTH OF STAY (in this place) <u>3 months</u>		9. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis Park mo</u>		10. STREET ADDRESS (If rural, give location) <u>34-KING ST</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>34 KING ST</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>April 6-1952</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles Herbert</u>		b. (Middle) <u>Moore</u>		c. (Last) <u>Moore</u>		5. SEX <u>Male</u>	
6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>July 23, 1906</u>		9. AGE (In years last birthday) <u>45</u>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Silas Moore</u>		13b. MOTHER'S MAIDEN NAME <u>Ada Joslin</u>		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) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Charles Eldridge Freeling</u> ADDRESS <u>463</u>			
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) <u>Pulmonary Tuberculosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>not any</u> 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 <u>6 months more.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <u>no</u>		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) _____		21f. HOW DID INJURY OCCUR? _____	
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"/>		22. I hereby certify that I attended the deceased from <u>2:30 PM - 6 - 1952</u> , to <u>3:30 PM 4-16-52</u> that I last saw the deceased alive on <u>4-6-1952</u> , and that death occurred at <u>3:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J. Darsey</u>		23b. ADDRESS <u>634 Caram Road S. Finkbe</u>		23c. DATE SIGNED <u>4-7-52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>buried</u>	
24b. DATE <u>4-10-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Miss Brod</u> ADDRESS <u>3644 Finney Ave</u>	
DATE REC'D BY LOCAL REG. _____		REGISTRAR'S SIGNATURE _____		25. FUNERAL DIRECTOR'S SIGNATURE _____ ADDRESS _____			

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *John K. Cunningham*

Licensed Embalmer No. *4476*

P. O. Address *4223 Cought*

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.