

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18336**  
Registrar's No. **4661**

FILED JUN 6 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

<b>1. PLACE OF DEATH</b> a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> c. LENGTH OF STAY (In this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>Homer G Phillips Hospital</b>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> d. STREET ADDRESS (If rural, give location) <b>11 4308 Ma ffit Ave</b>		
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Arthur</b> b. (Middle) _____ c. (Last) <b>Moore</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>May 16 1952</b>			
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>Col</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Divorced 3</b>	<b>8. DATE OF BIRTH</b> <b>April 14 1896</b>		
<b>9. AGE</b> (In years last birthday) <b>56</b> IF UNDER 1 YEAR Months _____ IF UNDER 1 YEAR Days _____ IF UNDER 1 HRS. Hours _____ Min. _____		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Ala</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>Yes</b>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Salvage Dealer</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Salvage Dealer</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>Yes</b>	
<b>13a. FATHER'S NAME</b> <b>Will Moore</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Martha Ivory</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Mrs Fannie Slaughter</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)		<b>16. SOCIAL SECURITY NO.</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Mrs Fannie Slaughter</b>	
<b>18. CAUSE OF DEATH</b> 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.			<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)</b> <b>Uremia</b>  <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Ureteral Obstruction</b>  DUE TO (c) _____  <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>Carcinoma of Bladder</b>		
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b> <b>181X</b>	
<b>22. I hereby certify that I attended the deceased from</b> <b>4-24</b> , 19 <b>52</b> , to <b>5-16</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>5-16</b> , 19 <b>52</b> , and that death occurred at <b>11 p</b> m., from the causes and on the date stated above.					
<b>23. SIGNATURE</b> <b>H. K. Lewis</b> (Degree or title) <b>0</b>			<b>23b. ADDRESS</b> <b>2601 N Whittier St</b>		<b>23c. DATE SIGNED</b> <b>5-19-52</b>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Removal 5</b>		<b>24b. DATE</b> <b>2/22/52</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Birmingham, Alabama</b>		<b>24d. LOCATION</b> (City, town, or county) (State)
<b>DATE REC'D BY LOCAL</b> <b>MAY 20 1952</b>		<b>REGISTRAR'S SIGNATURE</b> <b>J. Carl Smith M.D.</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>Herma n J Smith 4247/w Labadie Ave</b>	

**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 *Lawrence B. Johnson*

Licensed Embalmer No. 47341

P. O. Address St. Louis, Mo.

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.