

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 14 1952
BIRTH NO. _____ REG. DIST. NO. **217** PRIMARY REG. DIST. NO. **541** Registrar's No. **2854**

4002
WRITE PLAINLY—USING UNFADING, BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY St. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CLAYTON		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CLAYTON	
c. LENGTH OF STAY (in this place) 10 yrs		4. DATE OF DEATH (Month) (Day) (Year) NOV. 4, 1952	
d. FULL NAME OF HOSPITAL OR INSTITUTION 415 CARRSWOLD DRIVE		d. STREET ADDRESS (If rural, give location) 415 CARRSWOLD DRIVE.	

3. NAME OF DECEASED (Type or Print) a. (First) THOMAS b. (Middle) Philip c. (Last) MOORE,			4. DATE OF DEATH (Month) (Day) (Year) NOV. 4, 1952		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH May 2, 1883		9. AGE (In years last birthday) 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lawyer	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lawyer		10b. KIND OF BUSINESS OR INDUSTRY lawyer - LAW		11. BIRTHPLACE (City and State or Foreign Country) unk Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John Moore.		13b. MOTHER'S MAIDEN NAME Louise Murphy.	
14. NAME OF HUSBAND OR WIFE Sallie Hill Moore.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give year or dates of service) W.W.I		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Mary Ann Zahner;		ADDRESS 415 Carswold Dr.			

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, asthma, 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 1 hour	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis				11 years	
		DUE TO (c) 4201 Hemiplegia due to cerebral hemorrhage - (old)				11 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Aug 1, 1952 , to Nov 4, 1952 that I last saw the deceased alive on Oct. 23, 1952 and that death occurred at 10:52 P.M. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Charles G. M. Loda, M.D.			23b. ADDRESS 3121 N. Grand		23c. DATE SIGNED 11-5-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-7-1952	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery; St. Louis Co., Mo.		24d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. 11-5-52		REGISTRAR'S SIGNATURE Herbert B. Dumbauld		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons; 7233 Delmar Blvd.	

APR 15 1953

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 Melvin L. Kessiper

Licensed Embalmer No. 4052

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.