

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43659

State File No. \_\_\_\_\_

FILED DEC 24 1952

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 11115

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 township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2119
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital			d. STREET ADDRESS (If rural, give location) 11 4018 Fairfax		
3. NAME OF DECEASED (Type or Print) a. (First) Albert		b. (Middle) H.	c. (Last) Moore	4. DATE OF DEATH (Month) (Day) (Year) Dec. 1 1952	
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH March 16, 1894	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U S A
13a. FATHER'S NAME William Moore		13b. MOTHER'S MAIDEN NAME Susie McDonald		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. 497-01-0278	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Leon Moore 4446 MAFFIT			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis	Cerebral Thrombosis				Undet.
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES				
	DUE TO (b) Hypertensive Cardiovascular Disease				
	DUE TO (c)				
	II. OTHER SIGNIFICANT CONDITIONS				
	Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus				
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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 443X			
22. I hereby certify that I attended the deceased from 11-28, 1952, to 12-1, 1952, that I last saw the deceased alive on 12-1, 1952, and that death occurred at 12:55 p.m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Edward B. Williams D.			23b. ADDRESS 2601 N Whittier St		23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 12-6-1952	24c. NAME OF CEMETERY OR CREMATORY ST. PETERS CEM.	24d. LOCATION (City, town, or county) (State) ST. LOUIS County, MO		
DATE REC'D BY LOCAL REG. DEC 3 1952	REGISTRAR'S SIGNATURE J. Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SNELED FUNERAL HOME 365 E. 1st		

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

(Licensed Embalmer's Statement on Reverse Side)

**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 Leroy H. Bunnister

Licensed Embalmer No. 4523

P. O. Address 3880 E. 1st Ave

**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.