

XC 14. 1933 430
Reg. 109,079

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27317**
Registrar's No. **1914**

FILED JUL 23 1953

REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500**

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

1. PLACE OF DEATH a. COUNTY ST. LOUIS 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 JEFF. BRKS. MO.		c. CITY OR TOWN ST. LOUIS	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 122 Days		e. STREET ADDRESS (If rural, give location) 2112 NEMNICH	
d. FULL NAME OF HOSPITAL OR INSTITUTION VET. ADM. HOSP.			
3. NAME OF DECEASED (Type or Print) a. (First) JOE		b. (Middle) E.	
c. (Last) MOORE		4. DATE OF DEATH (Month) (Day) (Year) 7/10/53	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 10/27/22
9. AGE (In years last birthday) 30 yrs.		10. UNDER 1 YEAR Months Days	11. UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist		10b. KIND OF BUSINESS OR INDUSTRY Unknown	11. BIRTHPLACE (City and State or Foreign Country) Trenton, Texas
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME JOE C. MOORE	
13b. MOTHER'S MAIDEN NAME ANICE G. LUNDY		14. NAME OF HUSBAND OR WIFE MARY M. MOORE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WORLD II		16. SOCIAL SECURITY NO. 460-28-9089	
17. INFORMANT'S SIGNATURE OR NAME V. A. HOSPITAL RECORDS		ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) GLOMERULONEPHRITIS		INTERVAL BETWEEN ONSET AND DEATH	
*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) - - - -	
DUE TO (a) MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death. HYPERTENSIVE ENCEPHALOPATHY		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) NONE		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) V.A. m.	
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 3/10 , 19 53 , to 7/10 , 19 53 , and that death occurred at 8:55 Pm. , from the causes and on the date stated above.			
23a. SIGNATURE Ernest Grover		23b. ADDRESS V. A. HOSPITAL JEFF. BRKS. MO.	
23c. DATE SIGNED 7/10/53		23d. (Degree or title) M.D.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7-11-53	
24c. NAME OF CEMETERY OR CREMATORY Local		24d. LOCATION (City, town, or county) (State) Walnut Ridge, Arkansas	
DATE REC'D BY LOCAL REG. 7-11-53		REGISTRAR'S SIGNATURE Herbert R. Donke M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe		ADDRESS 4700 Washington Blvd	

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4118

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.