

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 32747
Registrar's No. 213

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. <u>3058</u>		Registrar's No. <u>213</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>St. Charles</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Charles</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>St. Charles</u>	
c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>St. Charles</u>		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		e. STREET ADDRESS (If rural, give location) <u>1609 Clay St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>1609 Clay St.</u>		3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH		5. SEX	
a. (First) <u>LEO</u>		b. (Middle) _____		c. (Last) <u>MOORE</u>		6. DATE (Month) (Day) (Year) <u>October 2, 1953</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>February 8, 1889</u>	
9. AGE (In years last birthday) <u>64</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Int. Shoe Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Charles, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Julia Dalton Moore</u>	
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. <u>492 01 9052</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Leo D. Moore, St. Charles, Missouri</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>				<u>2 hrs.</u>	
*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				<u>2 yrs.</u>	
		DUE TO (b) <u>Hypertension</u>					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>				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) (Min)		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 <u>2-7-48</u> , 19 <u> </u> , to <u>10-2</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>10-2</u> , 19 <u>53</u> , and that death occurred at <u>7:15A</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Leo D. Moore</u>				23b. ADDRESS <u>114 N. Main St., St. Charles, Mo.</u>		23c. DATE SIGNED <u>10-3-53</u>	
24a. BURIAL OR CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 4, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Charles, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Oct 2, 1953</u>		REGISTRAR'S SIGNATURE <u>James H. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Arthur C. Bane, St. Charles, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *Clarence M. Bills*

Licensed Embalmer No. *4375*

P. O. Address *St. Charles, 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.