

THE DIVISION OF HEALTH OF THE STATE OF TENNESSEE  
STANDARD CERTIFICATE OF DEATH

State File No. **45459**  
Registrar's No. **12035**

FILED JAN 19 1954

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

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS MO</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>TENNESSEE</b> b. COUNTY <b>Davidson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS MO</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>NASHVILLE 8410</b>	
c. LENGTH OF STAY (In this place) <b>10 1/2 DAYS</b>		d. STREET ADDRESS (If rural, give location) <b>503 45<sup>th</sup> AVE Na</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. LOUIS CHILDREN</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>ROGER</b> b. (Middle) <b>WAYNE</b> c. (Last) <b>MOREDOCK</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>12 - 21 - 53</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	8. DATE OF BIRTH <b>5-9-48</b>	9. AGE (In years last birthday) <b>5 yrs</b>	10. IF UNDER 1 YEAR Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>TENNESSEE</b>	
				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Harold R. Moredock</b>		13b. MOTHER'S MAIDEN NAME <b>Lillian Newberg</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, say or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>J. Egan 500 So. Kings Highway</b>	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Nephritis</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES  Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  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		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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? <b>592X</b>	

22. I hereby certify that I attended the deceased from **12-10, 1953**, to **12-21, 1953**, that I last saw the deceased alive on **12-21, 1953**, and that death occurred at **5:25 Am.**, from the causes and on the date stated above.

23a. SIGNATURE <b>John C. Newey M.D.</b> (Degree or title)		23b. ADDRESS <b>St. Louis Children's Hospital</b>		23c. DATE SIGNED <b>12-21-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>12-21-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Nashville, Tenn.</b>	
24d. LOCATION (City, town, or county) (State)					

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>DEC 21 1953</b> <b>Carl Smith MO</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Albert H. Hoppe, 4700 Washington Blvd.</b>	
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(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, on \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Elton S. Remelius

Licensed Embalmer No. 4283

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.