

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20576

FILED JUL 1 - 1954

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5285

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS 4527</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS 4</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>WEBSTER GROVES 58</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BERNARD NURSING HOME</u>		d. Is 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>225 OAKWOOD AVE.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ELIZABETH</u>	b. (Middle) <u>MOSS</u>	c. (Last) <u>HALL.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 13, 1954</u>
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5. SEX <u>Female /</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>Feb. 26, 1882</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Ft. Worth, Texas /</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>William Moss.</u>	13b. MOTHER'S MAIDEN NAME <u>Molly Noland.</u>	14. NAME OF HUSBAND OR WIFE <u>John C. Hall.</u>
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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.	17. INFORMANT'S SIGNATURE OR NAME <u>John M. Hall.</u>	ADDRESS <u>6 Pebble Creek Rd., Ladue, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 months</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease with Decompensation</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Generalized Arteriosclerosis severe</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 <u>3/18/54</u>	19b. MAJOR FINDINGS OF OPERATION <u>Fracture right hip (Surgical nailing)</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT - SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>on street</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Clayton Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3-17-54 2:00 pm.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell on street</u>	<u>E9035</u>
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22. I hereby certify that I attended the deceased from April 4, 1954, to June 13, 1954, that I last saw the deceased alive on June 12, 1954, and that death occurred at 5:15 a.m., from the causes and on the date stated above. 44

23a. SIGNATURE <u>John J. Geth</u>	(Degree or title) <u>M.D. O</u>	23b. ADDRESS <u>634 N. Grand Blvd.</u>	23c. DATE SIGNED <u>6-14-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>6/15/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri.</u>
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DATE REC'D BY LOCAL <u>JUN 14 1954</u>	REGISTRAR'S SIGNATURE <u>Carl Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>C.R. Lupton &amp; Sons</u>	ADDRESS <u>7233 Delmar Blvd.,</u>
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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 A. Murray*

Licensed Embalmer No. *401*

P. O. Address *St. Louis*

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.