

FILED JUL 2 - 1954

## STANDARD CERTIFICATE OF DEATH.

State File No. **20987**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>5759</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis,</b>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis,</b>		d. STREET ADDRESS (If rural, give location) <b>2269</b> <b>26</b> <b>1730 N. 10th St.,</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1730 N. 10th St.,</b>							
3. NAME OF DECEASED (Type or Print) <b>Annabell</b>		a. (First)		b. (Middle)		c. (Last) <b>Moore</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>June 18, 1954</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>Colored</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>April 22, 1897</b>		9. AGE (In years, birth-day, Months, Days, Hours, Min.) <b>57 yrs. 1 27</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Nil</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	
11. BIRTHPLACE (State or foreign country) <b>Unknown</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Albert Randel</b>		13b. MOTHER'S MAIDEN NAME <b>Fannie Tate</b>	
14. NAME OF HUSBAND OR WIFE <b>Ed. Moore</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, 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 <b>Ed. Moore</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Gall Bladder</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 months</b>	
II. ANTECEDENT CAUSES Morbidity 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 <b>none</b>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>none</b>		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) <b>none</b>		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>none</b>		<b>155X</b>	
22. I hereby certify that I attended the deceased from <b>4:20</b> <b>1897</b> to <b>6-18-</b> <b>1954</b> , that I last saw the deceased alive on <b>6-18</b> , <b>1954</b> , and that death occurred at <b>4A</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Frank D. Alifan</b>				23b. ADDRESS <b>826 N. Charms St. Louis</b>		23c. DATE SIGNED <b>6-25-54</b>	
24a. BURIAL (CREMATION, REMOVAL) (Specify) <b>Removal</b>		24b. DATE <b>6/18/54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Charleston, Mo.,</b>	
DATE REC'D BY LOCAL REG. <b>JUN 28 1954</b>		REGISTRAR'S SIGNATURE <b>J. C. Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J. S. Sparks</b>		ADDRESS <b>Charleston, Mo.</b>	

(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 .....

Student Embalmer

Signed

*Frank J. Sparks*

Licensed Embalmer No. *3205*

P. O. Address *Cape Guardaer*

**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