

FILED OCT 14 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32441

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 517 PRIMARY REG. DIST. NO. 541 Registrar's No. 2309

1. PLACE OF DEATH a. COUNTY <b>St. Louis County</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Clayton</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Brentwood</b>	
c. LENGTH OF STAY (in this place) <b>3:30 A.M.</b>		d. STREET ADDRESS (If rural, give location) <b>8510 Eager Road</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis County Hosp.</b>			

3. NAME OF DECEASED (Type or Print) <b>JESSE</b>	a. (First)	b. (Middle)	c. (Last) <b>MOORE</b>	4. DATE OF DEATH <b>Sept. 29 1954</b>
--	------------	-------------	------------------------	---------------------------------------

5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept. 5, 1904</b>	9. AGE (In years last birthday) <b>50</b>	10. MONTH <b>0</b>	11. DAYS <b>24</b>	12. HOURS <b>1</b>	13. MIN. <b>1</b>
--------------------	-------------------------------	---	---------------------------------------	---	--------------------	--------------------	--------------------	-------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>I.E. Millstone</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Little Rock Arkansas</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
--	---	--	--

13a. FATHER'S NAME <b>Ben Moore</b>	13b. MOTHER'S MAIDEN NAME <b>Mamie Moore</b>	14. NAME OF HUSBAND OR WIFE <b>Emma 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>488-10-3089</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Emma Moore</b>	ADDRESS <b>8510 Eager Road</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		INTERVAL BETWEEN ONSET AND DEATH <b>unk</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>(a) unknown natural causes</b>		
	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? <b>YES</b> <input type="checkbox"/> <b>NO</b> <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)	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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Herbert R. Domke</b> (Degree or title) <b>M.D. Local Registrar</b>	23b. ADDRESS <b>651 S. Brentwood Blvd.</b>	23c. DATE SIGNED <b>10-7-54</b>
--	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>10/2/1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Little Rock, Arkansas</b>	24d. LOCATION (City, town, or county) (State)
--	----------------------------	---	---

DATE REC'D BY LOCAL REG <b>10/2/54</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Domke</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Charles J. Gates</b>	ADDRESS <b>4107 Finney Avenue</b>
--	---	--	-----------------------------------

(Licensed Embalmer - Name put on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

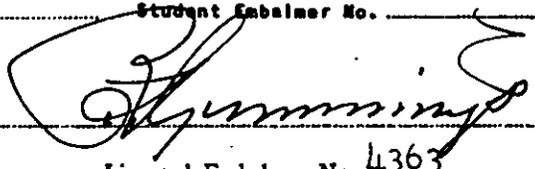
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed



Licensed Embalmer No. 4363

P. O. Address 4107 Finney Avenue

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.