

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

FILED NOV 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35016**
Registrar's No. **9307**

BIRTH MO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 35016		Registrar's No. 9307						
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Madison										
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			c. LENGTH OF STAY (in this place) 3 weeks		c. CITY OR TOWN Venice		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
d. FULL NAME OF HOSPITAL OR INSTITUTION: peoples Hospital				e. STREET ADDRESS (If rural, give location) 1010 Calhoun										
3. NAME OF DECEASED (Type or Print) ROBERT			a. (First)		b. (Middle)		c. (Last) MOORE		4. DATE OF DEATH (Month) (Day) (Year) Oct 22, 1955					
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH June 27, 1905		9. AGE (In years last birthday) 50		# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed laborer			10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (City and State or Foreign Country) Olive Branch, Mississippi			12. CITIZEN OF WHAT COUNTRY? USA						
13a. FATHER'S NAME Iley Moore Sr.			13b. MOTHER'S MAIDEN NAME Patay McNeal			14. NAME OF HUSBAND OR WIFE *****								
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Frances Pacum ADDRESS 821 Cedar Park, Toledo, Ohio									
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) Uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Nephrot DUE TO (c) Hypertensive							INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION						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)			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 10/5, 1955 , to 10/22, 1955 , that I last saw the deceased alive on 10/22, 1955 , and that death occurred at 11 A. M. , from the causes and on the date stated above.														
23a. SIGNATURE (Degree or title) Edgar F. Woodson D.O.					23b. ADDRESS 930 N 2ND St			23c. DATE SIGNED 10-24-55						
24a. BURIAL CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct 26, 1955		24c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery			24d. LOCATION (City, town, or county) (State) St. Louis county, Mo.							
DATE REC'D BY LOCAL REG. OCT 25 1955		REGISTRAR'S SIGNATURE J. Carl Smith Mo			25. FUNERAL DIRECTOR'S SIGNATURE Marshall Funeral Home ADDRESS East St. Louis, Ill									

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..... *Thomas M. Hobson*

Licensed Embalmer No..... 4479
2205 Missouri
P. O. Address.... EAST 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.