

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **44963**
Registrar's No. **2943**

BIRTH NO. _____		REG. DIST. NO. 312		PRIMARY REG. DIST. NO. 500		Registrar's No. 2943	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____			
b. CITY OR TOWN Koch		c. LENGTH OF STAY (In this place) 1611 days		c. CITY OR TOWN St. Louis		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 Robert Koch Hospital				e. STREET ADDRESS (If rural, give location) 6743 Idaho			
3. NAME OF DECEASED (Type or Print) a. (First) Oliver b. (Middle) E. c. (Last) Moore			4. DATE OF DEATH (Month) (Day) (Year) 12 12 56				
5. SEX M.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 8-20-79	
9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Landscape gardener		10b. KIND OF BUSINESS OR INDUSTRY Gardening		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Lee Moore			13b. MOTHER'S MAIDEN NAME Reetta Moyer			14. NAME OF HUSBAND OR WIFE Adela Breckenridge	
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. None.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS R. Koch Hospital, Koch, Mo.			
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) Pulmonary Tuberculosis 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.					INTERVAL BETWEEN ONSET AND DEATH 18 years
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 2 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) (m.)		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 7-15- , 1952 , to 12-12- , 1956 , that I last saw the deceased alive on 12-12 , 1956 , and that death occurred at 4:40 pm. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Albert H. Hoppe M.D.				23b. ADDRESS R. Koch Hospital, Koch, Mo.		23c. DATE SIGNED 12-13-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-15-56		24c. NAME OF CEMETERY OR CREMATORY Presbyterian Cem.		24d. LOCATION (City, town, or county) (State) Caledonia, Mo.	
DATE REC'D BY LOCAL REG. 12-13-56		REGISTRAR'S SIGNATURE Herbert R. Donahue		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 1700 Washington.			

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

J W M B Embler

Licensed Embalmer No. *3653*

P. O. Address *St. Louis 8*

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.