

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2956

FILED JAN 29 1957

STATE FILE-NUMBER  
305

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 305

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis MO</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>St. Louis</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Masonic Home of Mo Byp. 2mo 3da 129</u>			Length of stay in lb		d. STREET (If outside, give location) ADDRESS <u>5351 Delmar Blvd</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>ANNA</u> Middle <u>L.</u> Last <u>MOORE</u>				4. DATE OF DEATH Month <u>JAN.</u> Day <u>9</u> Year <u>1957</u>					
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Feb. 24 - 1878</u>		9. AGE (In years last birthday) <u>78</u> IF UNDER 1 YEAR Months <u>10</u> Days <u>16</u> IF UNDER 24 HRS. Hours <u>0</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sales person</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Dept. Store</u>		11. BIRTHPLACE (City and state or country) <u>Pacific Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13. FATHER'S NAME <u>S. L. Moore</u>				14. MOTHER'S MAIDEN NAME <u>Anna Miles</u>					
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. <u>487-32-8922A</u>		17. INFORMANT <u>Masonic Home of Missouri</u> Address <u>Louis Robertson Supt.</u>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral hemorrhage</u> DUE TO (b) _____ DUE TO (c) <u>Advanced Arteriosclerosis generalized</u> PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I((n)) <u>331x</u>							INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>20 yrs.</u>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <u>Jan 1956</u> to <u>Jan 9, 1957</u> and last saw her <sup>been</sup> alive on <u>1-8-57</u> . Death occurred at <u>8 p. m</u> on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>Harold E. Walters M.D.</u>				22b. ADDRESS <u>3720 Washington St. Louis Mo</u>			22c. DATE SIGNED <u>1-10-57</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>Jan. 12, 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Pacific Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Pacific, Missouri</u>			
24. FUNERAL DIRECTOR ADDRESS <u>Alexander &amp; Sons 6175 Delmar Blvd</u>				25. DATE RECD. BY LOCAL REG. <u>JAN 11 '57</u>		26. REGISTRAR'S SIGNATURE <u>J. Earl Smith M.D.</u> <u>S.P.</u>			

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 *Jos. E. McCulloch*

Licensed Embalmer No. 246

P. O. Address 617326

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.