

FILED APR 12 1957

STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 10769
Registrar's No. 2748

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____	
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 35 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		
d. FULL NAME OF HOSPITAL OR INSTITUTION 2656 Allen			d. STREET ADDRESS (If rural, give location) 2656 Allen		
3. NAME OF DECEASED (Type or Print) a. (First) Alonzo		b. (Middle) Peter	c. (Last) MOORE	4. DATE OF DEATH (Month) (Day) (Year) March 18, 1957	
5. SEX Male	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. Dec. 8, 1882	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Furniture Maker	10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (State or foreign country) Glenallen, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME William S. Moore		13b. MOTHER'S MAIDEN NAME Robert Floyd		14. NAME OF HUSBAND OR WIFE Lillie Moore	
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. Yes (Unk)	17. INFORMANT'S SIGNATURE OR NAME Lillie Moore, 2656 Allen, St. Louis, 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 direct injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Melanoma (Back of chest) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		MEDICAL CERTIFICATION 190x		INTERVAL BETWEEN ONSET AND DEATH 1 yr
19a. DATE OF OPERATION 7/11/56	19b. MAJOR FINDINGS OF OPERATION As above				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., to 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 6/25 1956 , to 7/18 1957 , that I last saw the deceased alive on 3/18 1957 , and that death occurred at 8:00 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) George A. Carroll M.D.			23b. ADDRESS 607 N. Grand		23c. DATE SIGNED 3/20/57
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3/20/57	24c. NAME OF CEMETERY OR CREMATORY Ward	24d. LOCATION (City, town, or county) (State) Lutesville, Mo.		
DATE REC'D BY LOCAL REG. MAR 20 1957	REGISTRAR'S SIGNATURE Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin Funeral Home, Inc. 2301 Lafayette, St. Louis, Mo.		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Corr. by aff.

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

James R. Chapman

Licensed Embalmer No. *4550*

P. O. Address *St. Louis, Mo.*

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.