

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027834
STATE FILE NUMBER

FILED JUL 21 1958

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1882

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, give ZIP CODE only) OR TOWN St. Louis COUNTY		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN St. Louis COUNTY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2754 N Hanley Rd.		Length of stay in 1b 8 Yrs.	d. STREET ADDRESS (If outside, give location) 2754 N. Hanley Rd.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Samuel Middle Leonard Last Moore			4. DATE OF DEATH Month 7 Day 14 Year 58		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11-6-1896	9. AGE (In years last birthday) 61	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) Bus Driver		10b. KIND OF BUSINESS OR INDUSTRY Public Service	11. BIRTHPLACE (City and state or country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Samuel Moore		13b. MOTHER'S MAIDEN NAME Mary Turner		14. NAME OF HUSBAND OR WIFE Nettie Moore	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. 493 10 9425	17. INFORMANT Address Nettie Moore 2754 N. Hanley Rd.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lymphoma 79th Thoracic. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Extensive metastases to bones, brain liver. DUE TO (c) 2002					INTERVAL BETWEEN ONSET AND DEATH 18 mo.
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 <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 2/2/58 to 7/14/58 and last saw him alive on 7/15/58 Death occurred at 5:15 P. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Dr. Michael Witten MD			22b. ADDRESS 6850 Page		22c. DATE SIGNED 7/15/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-17-58	23c. NAME OF CEMETERY OR CREMATORY Laurel Hill Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis Co. Missouri
24. FUNERAL DIRECTOR J.W. Clark F.H. 1125			ADDRESS Modiamont Ave.	25. DATE RECD. BY LOCAL REG. 7-16-58	26. REGISTRAR'S SIGNATURE Herbert R. Donahue, Jr.

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Stanley L. Dixon*

Licensed Embalmer No. *4193*

P. O. Address *St. L.*

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.