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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-019452
STATE FILE NUMBER

FILED JUN 11 1959 Registration District No. ..... Primary Registration District No. ..... Registrar's No. 5228

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: St. Louis — Inside Limits: Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): D.O.A. Homer Phillips Hospital. — Length of stay in 1b: 3

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY:
c. CITY OR TOWN: St. Louis — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 2743 A. Delmar Blvd. — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Mary — Middle: — Last: Moore

4. DATE OF DEATH: Month: May — Day: 28 — Year: 1959.

5. SEX: Female 3

6. COLOR OR RACE: Col.

7. MARRIED ☐ **NEVER MARRIED** ☒ **WIDOWED** ☐ **DIVORCED** ☐ 0

8. DATE OF BIRTH: Dec, 21, 1875

9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months: 5 Days: 7 — IF UNDER 24 HRS.: Hours: — Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nil.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): ? Missouri 0

12. CITIZEN OF WHAT COUNTRY?: USA.

13a. FATHER'S NAME: ? Moore

13b. MOTHER'S MAIDEN NAME: Sarah ?

14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Ethel Warren — Address: 1333 Blackstone Ave.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 _____ and last saw her/him alive on _____
Death occurred at 1001 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Paul Simon (Degree or Title) Deputy Coroner 3

22b. ADDRESS 300 Clark

22c. DATE SIGNED 6/1/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 6/3/59

23c. NAME OF CEMETERY OR CREMATORY: Greenwood Cemetery

23d. LOCATION (City, town, or county) (State): St. Louis Co. Mo.

24. FUNERAL DIRECTOR: Wright Funeral Home — ADDRESS: 3100 Easton Ave.

25. DATE RECD. BY LOCAL REG.: JUN 1 '59

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.
Acm

(Licensed Embalmer's Statement on Reverse Side)

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 Arthur L. Lelliard

Licensed Embalmer No. 4221

P. O. Address 3160 Easton Av

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.