

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-019853
State File No.

FILED JUN 9 1959

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 54 Registrar's No. 1477

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| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside incorporated limits, write RURAL and give TOWN <u>Kirkwood</u>) | c. LENGTH OF STAY (in this place) <u>D.O.A.</u> | c. CITY OR TOWN <u>Kirkwood</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Louis County Hosp.</u> | | e. STREET ADDRESS (If rural, give location) <u>410 S. Fillmore Ave</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Andrew</u> b. (Middle) <u>Jackson</u> c. (Last) <u>Moore</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 26 1959</u> |
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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>Col.</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Sept. 16 1884</u> | 9. AGE (In years last birthday) <u>75</u> 10. IF UNDER 1 YEAR Months <u>8</u> 11. IF UNDER 24 HRS. Days <u>10</u> Hours <u>10</u> Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Gardner</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Warda Tex.</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u> | | | | |

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| 13a. FATHER'S NAME <u>Joe Moore</u> | 13b. MOTHER'S MAIDEN NAME <u>Betty Collins</u> | 14. NAME OF HUSBAND OR WIFE <u>Viola Moore</u> |
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| 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>493-20-0350A</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Viola Moore</u> ADDRESS <u>410 S. Fillmore Ave</u> |
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| 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Unknown Natural Causes</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| ANTECEDENT CAUSES Morbidity 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. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? <u>7954</u> YES <input type="checkbox"/> NO <input type="checkbox"/> |
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| 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) |
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| 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? |
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:10A m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>John C. Murphy MD</u> Degree or title) <u>Acting Health Commissioner</u> | 23b. ADDRESS <u>801 S. Brentwood Clayton</u> | 23c. DATE SIGNED |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>June 2. 59</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Father Dickson Cem.</u> | 24d. LOCATION (City, town, or county) (State) <u>Crestwood Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>5-29-59</u> | REGISTRAR'S SIGNATURE <u>John C. Murphy MD</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>John W. Hemrhill</u> ADDRESS <u>408 S. Fillmore</u> |
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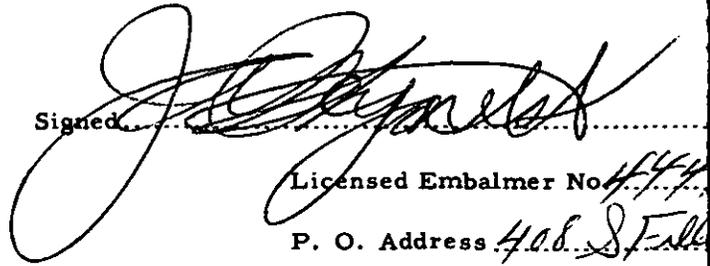
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....



Licensed Embalmer No. 444
P. O. Address 408 S. Falls

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