

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-023207

State File No. \_\_\_\_\_

FILED JUN 18 1959

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. **2 5516**

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044.2

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: indicate before admission).<br>a. STATE<br>Mo.  |  | b. COUNTY   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>St. Louis   |  | c. LENGTH OF STAY (In this place)   |  | c. CITY OR TOWN<br>St. Louis  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br>St. John's Hospital  |  | e. STREET ADDRESS (If rural, give location)<br>6756 Nashville Ave.  |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print) BARBARA  |  | a. (First)  |  | b. (Middle)   |  |
| ANN   |  | MOISE   |  | 4. DATE OF DEATH<br>June 8 1959   |  |
| 5. SEX<br>Female  |  | 6. COLOR OR RACE<br>White   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <sup>0</sup> Never Married  |  |
| 8. DATE OF BIRTH<br>June 1, 1959  |  | 9. AGE (In years last birthday)<br>0  |  | 10. MONTHS<br>0   |  |
| 11. BIRTHPLACE (City and State or Foreign Country)<br>St. Louis, Mo.  |  | 12. CITIZEN OF WHAT COUNTRY?<br>U.S.A.  |  | 13. FATHER'S NAME<br>Joseph Moise   |  |
| 13b. MOTHER'S MAIDEN NAME<br>Ruth Feldmann  |  | 14. NAME OF HUSBAND OR WIFE<br>-----  |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)<br>No   |  | 16. SOCIAL SECURITY NO.<br>None   |  | 17. INFORMANT'S SIGNATURE OR NAME<br>Joseph Moise   |  |
| 17. ADDRESS<br>6756 Nashville Ave.  |  | 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. |  |   |  |
| 18. MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atelectasis, Pulmonary Prematurity</u>   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>4 days</u>   |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO  |  |
| 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)   |  |
| 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 <u>6-1</u> , 1959, to <u>6-8</u> , 1959, that I last saw the deceased alive on <u>6-8</u> , 1959, and that death occurred at <u>11:50 a.m.</u> , from the causes and on the date stated above. |  |   |  |   |  |
| 23. SIGNATURE<br><u>James H. ...</u>  |  | (Degree or title)   |  | 23b. ADDRESS<br><u>634 N. Grand</u>   |  |
| 23c. DATE SIGNED<br><u>6-9-59</u>   |  | 24. BURIAL CREMATION REMOVAL (Specify)<br>Removal   |  | 24b. DATE<br>June 10, 1959  |  |
| 24c. NAME OF CEMETERY OR CREMATORY<br>Resurrection Cem.   |  | 24d. LOCATION (City, town, or county) (State)<br>St. Louis Co. Mo.  |  |   |  |
| DATE REC'D BY LOCAL<br>JUN 9 59   |  | REGISTRAR'S SIGNATURE<br><u>Coal Smith M.D.</u>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br>Kriegshauser 4228 S. Kingshighway Bl  |  |

(Licensed Embalmer's Statement on Reverse Side)

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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 *William B. White* .....

Licensed Embalmer No. *4291* .....

P. O. Address *22 St. George* .....

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.