

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH - 60-047769

LED VS DEC 3 0 1960 318 Primary Registration District No. 1003 Registrar's No. 11847 STATE FILE NUMBER

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, give TOWNSHIP only) OR TOWN St. Louis,		Length of stay in 1b	c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer Phillips Hospital		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1381 Belt Avenue		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Willie B. Moore			4. DATE OF DEATH Month Day Year 12 7 60		
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-17-1906	9. AGE (last birthday) 54	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Wrecking Company Building Trades		11. BIRTHPLACE (City and state or country) Cannon, Miss.	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Sam Moore		13b. MOTHER'S MAIDEN NAME Ida ?		14. NAME OF HUSBAND OR WIFE Lorener Moore	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 410-16-3275	17. INFORMANT Address Lorener Moore 1381 Belt Ave.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) *Massive intrathoracic Hemorrhage.*

CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST. }  
DUE TO (b) *Fractured ribs right side of chest, suffered while working on building being watched at 1601 Cass Avenue, about 9:40 AM, Dec 7, 1960*

DUE TO (c) *Accident*

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
*904.3-45*

PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO

20a. ACCIDENT  SUICIDE  HOMICIDE

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

20c. TIME OF INJURY  
Hour Month, Day, Year  
*9:40 a.m. 12-7-60*

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.)  
*25 Building*

20f. CITY, TOWN, OR LOCATION COUNTY STATE  
*St Louis Mo*

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at \_\_\_\_\_ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)  
*Paul J. Simon Deputy Coroner*

22b. ADDRESS  
*1300 Clark*

22c. DATE SIGNED  
*12/9/60*

23a. BURIAL, CREMATION, REMOVAL (Specify)  
*removal*

23b. DATE  
*12-12-60*

23c. NAME OF CEMETERY OR CREMATORY  
*Washington Greenwood Cemetery*

23d. LOCATION (City, town, or county) (State)  
*St. Louis County, Mo.*

24. FUNERAL DIRECTOR ADDRESS  
*Dement & Son 2629-31 Cole Street*

25. DATE RECD. BY LOCAL REG.  
*DEC 9 1960*

26. REGISTRAR'S SIGNATURE  
*Road Smith, M.D.*

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*H. Claude Gordon*

Licensed Embalmer No. 3489

P. O. Address 1123 W. V

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