

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5887

STATE FILE NUMBER

FILED JUN 29 1961

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Length of stay in 1b	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>3908 Traifor</i>		d. STREET ADDRESS (If outside, give location) <i>3908 Traifor</i>	

3. NAME OF DECEASED (Type or print) First Middle Last <i>Chester Moore</i>			4. DATE OF DEATH Month Day Year <i>6-21-61</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Negro</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>11-28-92</i>	9. AGE (last birthday) <i>68 yrs</i>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Labourer</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>St. Louis, Mo.</i>	
12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>		13a. FATHER'S NAME <i>David A. Moore</i>		13b. MOTHER'S MAIDEN NAME <i>Ida Henderson</i>	

14. NAME OF HUSBAND OR WIFE <i>Katie Moore</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>yes W.W.II</i>		16. SOCIAL SECURITY NO.		17. INFORMANT Name Address <i>Katie Moore 3908 Traifor</i>	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH <i>1 1/2 hrs 5 second minutes</i>
IMMEDIATE CAUSE (a) <i>Coronary Occlusion</i>			
DUE TO (b) <i>Coronary Heart Disease</i>			
DUE TO (c) <i>4201</i>			

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <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
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21. I attended the deceased from <i>6-05-3-10-61</i> to <i>6-16-61</i> and last saw him alive on <i>6-17-61</i>	
Death occurred at <i>6-20-61</i> - <i>6-21-61</i> on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE (Degree or title) <i>Col. J. G. Hoff...</i>	22b. ADDRESS <i>2616 N. Kingshighway</i>	22c. DATE SIGNED <i>6-23-61</i>
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23a. BURIAL, CREMATION, OR REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>6-26-61</i>	23c. NAME OF CEMETERY OR CREMATORY <i>National</i>	23d. LOCATION (City, town, or county) (State) <i>Jefferson, Bracke, Mo.</i>
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24. FUNERAL DIRECTOR <i>Boyd Funeral Home</i>	ADDRESS <i>3704</i>	25. DATE RECD. BY LOCAL REG. <i>JUN 24 1961</i>	REGISTRAR'S SIGNATURE <i>Paul Smith, M.D.</i>
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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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

H. Claudio Gordon

Licensed Embalmer No. 31789

P. O. Address 1123 N. Taylor

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.