MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-62-004247

ARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 322 STATE FILE NUMBER

FILED JAN 19 1962

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
			19

BY AFFIDAVIT OF Queried - Malignant DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo. — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis City Hosp. #1 — Inside Limits Yes ☐ No ☐

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) 2209 DIVISION — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Mattie Middle Mae Last Moore
4. DATE OF DEATH Month Jan. Day 5 Year 1962
5. SEX FEMALE
6. COLOR OR RACE COLORED
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐ INFANT
8. DATE OF BIRTH 10-25-1955
9. AGE (last birthday) 6 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE
10b. KIND OF BUSINESS OR INDUSTRY NONE
11. BIRTHPLACE (City and state or country) DUNDEE, MISS.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME WILLIE MOORE
13b. MOTHER'S MAIDEN NAME WILLIE MAE WILLIAMS
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 Willie Moore Address 2209 Division

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) Bronchitis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Recurrent Brain Tumor
DUE TO (c) 193.0
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)

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.)
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 12-25-61, to Jan. 5, 1962 and last saw her/him alive on Jan. 5, 1962
Death occurred at 6:00 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Gerald Dulen MD.
22b. ADDRESS 1515 Lafayette Avenue
22c. DATE SIGNED 1-5-62

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 1-9-62
23c. NAME OF CEMETERY OR CREMATORY FATHER DICKSON CEM.
23d. LOCATION (City, town, or county) (State) ST. LOUIS, COUNTY, MO.

24. FUNERAL DIRECTOR McCLAIN ADDRESS 2812 CASS AVE.
25. DATE RECD. BY LOCAL REG. JAN 9 1962
26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

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 Wallace R. Williams
5135 Lotus
Licensed Embalmer No. 4926

P. O. Address_____

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.