

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-028981

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registered with District No. **1003** Primary Registration District No. **1003** Registrar's No. **6831** STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH a. COUNTY ST LOUIS		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) St. Louis		Length of stay in 1b 10 DAY	c. CITY OR TOWN ST LOUIS
c. FULL NAME OF (If NOT in hospital, give location) FRANCO HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4338 CHOUTEAU AVE
3. NAME OF DECEASED (Type or print) First OTHE NILE Middle Joseph Last MOORE		4. DATE OF DEATH Month JULY Day 10 Year 1962	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/25/1903
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SUPT		10b. KIND OF BUSINESS OR INDUSTRY RAILROAD	11. BIRTHPLACE (City and state or country) Moselle, MISSOURI
13a. FATHER'S NAME CHARLES D. Moore		13b. MOTHER'S MAIDEN NAME Alice HIGGINBONAM	14. NAME OF HUSBAND OR WIFE ROSEMOND
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Address Rosemond Moore, 4338 Chouteau 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) PNEUMONIA LOBAR - RIGHT LUNG. DUE TO (b) _____ DUE TO (c) 490X			INTERVAL BETWEEN ONSET AND DEATH 5 DAYS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CARDIAC FAILURE			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
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		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	
21. I attended the deceased from JULY 9TH 1962 to JULY 10TH 1962 and last saw him alive on JULY 10TH 1962 Death occurred at 12:07 AM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Earl Smith M.D.		22b. ADDRESS FRANCO HOSPITAL	22c. DATE SIGNED 7/10/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7-13-62	23c. NAME OF CEMETERY OR CREMATORY Moore Cemetery	23d. LOCATION (City, town, or county) (State) Moselle, Mo.
24. FUNERAL DIRECTOR ADDRESS Casey-Lenox Funeral Home, St. Clair, Mo.		25. DATE RECD. BY LOCAL REG. JUL 11 1962	26. REGISTRAR'S SIGNATURE Earl Smith M.D.

OK Helen R. Taylor Coronary 7/11/62

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 J. W. Bausley

Licensed Embalmer No. 36513

P. O. Address St Louis

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.