MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-044648

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11011 STATE FILE NUMBER

FILED NOV 26 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b: 4 yrs. 3 mo.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Chronic Hosp. — 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): 3009 Pine St. — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Caisel — Middle — Last Moore
4. DATE OF DEATH: Month 11-13-62 Day Year
5. SEX: FeMale
6. COLOR OR RACE: Col.
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 3-8-94
9. AGE (last birthday): 68 — IF UNDER 1 YEAR: Months 8 Days 5 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Clarksdale, Ark.
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: Nelson Bowers
13b. MOTHER'S MAIDEN NAME: Lucy Raleigh
14. NAME OF HUSBAND OR WIFE: —
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.:
17. INFORMANT: Blanche Evers — Address: Rt 2, Box 68 Holly Grove, Ark.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Carcinoma of Cervix — INTERVAL BETWEEN ONSET AND DEATH: 11 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b):
DUE TO (c): 171 X F

OK Helen L. Taylor Coroner 11-16-62

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Intertrochanteric Fracture Left Femur 9/21/62

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.) Pt. was leaning against door on
20c. TIME OF INJURY: 2:00 Hour a.m. p.m. Month, Day, Year 9/21/62 Dec. 12, 5800 Arsenal when door was opened.
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.): Hospital 13
20f. CITY, TOWN, OR LOCATION: St. Louis — COUNTY — STATE: Mo

21. I attended the deceased from 8-13-58, to 11-13-62 and last saw her/him alive on 11-13-62
Death occurred at 2:13 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John W. Beckham M.D.
22b. ADDRESS: 5800 Arsenal
22c. DATE SIGNED: 11/13/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 11-17-1962
23c. NAME OF CEMETERY OR CREMATORY: Father Dickson
23d. LOCATION (City, town, or county): St. Louis Co (State) Mo.

24. FUNERAL DIRECTOR: JAS. H. RANDLE & SON — ADDRESS: 3133 Bell Ave.
25. DATE RECD. BY LOCAL REG.: NOV 15 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 Esther K. Harris

Licensed Embalmer No. 4458

P. O. Address 4181 Washington

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.