

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-013611

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3802** STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 8 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Length of stay in 1b		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 <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 918 A N. Sarah		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) CATHERINE			First Middle Last MOORE			4. DATE OF DEATH MARCH 31 1963			Month Day Year		
5. SEX Female		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 Mar 22, 1938		9. AGE (last birthday) 25		IF UNDER 1 YEAR Months Days 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) Starkville, Miss.		12. CITIZEN OF WHAT COUNTRY U. S. A.			
13a. FATHER'S NAME Sam Moore				13b. MOTHER'S MAIDEN NAME Anna Thomas				14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) No				16. SOCIAL SECURITY NO.		17. INFORMANT Sam Moore 918 A N. Sarah		Address			
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) NEPHRITIS								INTERVAL BETWEEN ONSET AND DEATH: 14 mons			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) SYSTEMIC LUPUS ERYTHEMATOSIS								14 mons			
DUE TO (c) 456X											
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
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.)							
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 8/28/57 to 3/31/63 and last saw her alive on 3/31/63				Death occurred at 3:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>C. D. McMillan</i> (Degree or title) M.D.				22b. ADDRESS BARNES HOSPITAL		22c. DATE SIGNED 4/1/63					
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE April 5, 1963		23c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery		23d. LOCATION (City, town, or county) St. Louis County		(State) Mo.			
24. FUNERAL DIRECTOR H. J. Koore ADDRESS 1221 N. Grand Blvd.				25. DATE RECD. BY LOCAL REG. APR 3 1963		26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>					

USE BLACK INK OR TYPEWRITER RIBBON

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STATE OF MICHIGAN

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 Melvin Blachman

Licensed Embalmer No. 3962

P. O. Address 1221 N. Grand Blvd.

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.