

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-022695

STATE FILE NUMBER

DO NOT WRITE ON THIS STUD

AMENDED

Registration District No. 317

Primary Registration District No. 547

Registrar's No. 1415

FILED JUN 5 1963

VS 300
Rev. 4/59.

1 4005

2 918

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4 1

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9 171X

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12 46-0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS, INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>RICHMOND HEIGHTS</u>		c. CITY OR TOWN <u>ST. LOUIS</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. MARYS HOSPITAL</u>		d. STREET ADDRESS (If outside, give location) <u>4038 LACLEDE AVE.</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>CLARA MOORE</u>		4. DATE OF DEATH Month Day Year <u>APRIL 27 1963</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>JULY 17 1914</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED WAITRESS</u>		11. BIRTHPLACE (City and state or country) <u>ARKANSAS</u>	12. CITIZEN OF WHAT COUNTRY <u>U-S-A</u>
13a. FATHER'S NAME <u>LOUIS FREI</u>		14. NAME OF HUSBAND OR WIFE <u>FRANK A MOORE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of) <u>NO</u>		17. INFORMANT Address <u>3 FRANK A MOORE 4038 LACLEDE</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Uremia</u> DUE TO (b) <u>Vascular Obstruction</u> DUE TO (c) <u>Metastatic Carcinoma (Brain)</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>171X</u>			INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u> <u>14 days</u> <u>?</u>
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 Month, Day, Year a.m. p.m.		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 <u>1-25-63</u> to <u>4-27-63</u> and last saw her alive on <u>4-26-63</u> Death occurred at <u>5 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Joseph A. Hardy M.D.</u>		22b. ADDRESS <u>52 Wayland Place St Louis 8 Mo</u>	
22c. DATE SIGNED <u>4-29-63</u>		(State)	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>APR. 30, 1963</u>	23c. LOCATION (City, town, or county) <u>RESURRECTION CEM. ST. LOUIS CO. MO.</u>	
24. FUNERAL DIRECTOR <u>Thomas Kutis 3906 Gravois</u>	25. DATE RECD. BY LOCAL REG. <u>4-30-63</u>	26. REGISTRARS SIGNATURE <u>John M. Murphy</u>	

USE BLACK INK OR TYPEWRITER RIBBON

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. G. Humphrey

Licensed Embalmer No. 4772

P. O. Address 2906 Graves

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.

Dr. J. G. Humphrey
522 Grand Central Plaza
70 1510

12 N - 12 30 pm Mon.
He is in office