

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-030308

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7585 STATE FILE NUMBER

FILED AUG 1 1963

DO NOT WRITE ON THIS STUB

VS 300	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION	BY AFFIDAVIT OF	SHOULD READ
Rev. 4/59							
1							
2 <u>22</u>							
3							
4 <u>0</u>							
5 <u>1</u>							
6							
7 <u>1</u>							
8 <u>1</u>							
9							
10							
11							
12 <u>75-0</u>							
13							
<u>75</u>							

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.		a. STATE Missouri b. COUNTY	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP. #1		c. CITY OR TOWN St. Louis	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2913 N. 23rd St.	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First JOSEPH Middle D. Last MOORE		Month 7 Day 21 Year 63	
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 12-24-97
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired cons.		10b. KIND OF BUSINESS OR INDUSTRY construction wk.	9. AGE (last birthday) 65
11. BIRTHPLACE (City and state or country) Benton, Ill.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Joel Dunn Moore		13b. MOTHER'S MAIDEN NAME Amanda Ward	
14. NAME OF HUSBAND OR WIFE Neva		17. INFORMANT Mrs. Neva Moore Address 2913 N. 23rd St.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes W.W.#1		16. SOCIAL SECURITY NO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Confluent Bronchopneumonia			
DUE TO (b) Necrotizing Tracheal Bronchitis			
DUE TO (c) Aspiration of Gastric Contents			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1) Pseudomembranous Enterocolitis.			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 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 7/13/63 to 7/21/63 and last saw her/him alive on 7/21/63			
Death occurred at 6:15 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Richard L. Phillis M.D.		22b. ADDRESS 1515 LAFAYETTE AVE.	22c. DATE SIGNED 7/21/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7-24-63	23c. NAME OF CEMETERY OR CREMATORY Memorial Park	23d. LOCATION (City, town, or county) St. Louis Co., Mo. (State)
24. FUNERAL DIRECTOR Robert D. Kinealy ADDRESS 2228 St. Louis Ave.		25. DATE RECD. BY LOCAL REG. JUL 23 1963	26. REGISTRAR'S SIGNATURE Loed Smith, M.D.

PHILLIS 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

Herbert J. Hanke

Licensed Embalmer No. 4800

P. O. Address Kirkwood 22 Mo.

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.