

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

0051030

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 13011 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JAN 16 1964

| | | | |
|--|--|---|--|
| a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u> | | a. STATE <u>Mo.</u> b. COUNTY | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>D O A City # 1</u> | | c. CITY OR TOWN <u>St. Louis</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) <u>Carmelita M. Moore</u> | | d. STREET ADDRESS (If outside, give location) <u>2251 Dickson St</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 5. SEX <u>Female</u> | | 4. DATE OF DEATH <u>12-26-63</u> | |
| 6. COLOR OR RACE <u>negro</u> | | 8. DATE OF BIRTH <u>11-27-63</u> | |
| 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 9. AGE (last birthday) <u>29 days</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>child</u> | | 11. BIRTHPLACE (City and state or country) <u>St. Louis Mo</u> | |
| 10b. KIND OF BUSINESS OR INDUSTRY <u>child</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u> | |
| 13a. FATHER'S NAME <u>Jemmy Lee Clark</u> | | 13b. MOTHER'S MAIDEN NAME <u>Hester Moore</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>child</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>none</u> | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT <u>Hattie Moore</u> Address <u>2251 Dickson</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>Dehydration, Acidosis subsequent to pneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>493x</u> DUE TO (c) | | INTERVAL BETWEEN ONSET AND DEATH | |
| 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 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 <u>200 A</u> to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>Paul J. Simon</u> <u>Coroner</u> | | 22b. ADDRESS <u>1300 Clark</u> | |
| 22c. DATE SIGNED <u>12/30/63</u> | | (State) | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>12 31 63</u> | |
| 23c. NAME OF CEMETERY OR CREMATORY <u>Father Dickson</u> | | 23d. LOCATION (City, town, or county) <u>Hickwood Mo</u> | |
| 24. FUNERAL DIRECTOR <u>A H Burks</u> ADDRESS <u>3901 Ashland</u> | | 25. DATE RECD. BY LOCAL REG. <u>DEC 30 1963</u> | |
| 26. REGISTRAR'S SIGNATURE <u>Paul Smith M.D.</u> | | | |

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

VS 300 Rev. 4/59

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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 *Lyne White*

Licensed Embalmer No. 4628

P. O. Address 1238 N. Kings Highway

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.