No. 300
10-48

FILED FEB 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6483

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1483

1. PLACE OF DEATH
a. COUNTY ~~ST LOUIS~~
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST LOUIS
c. LENGTH OF STAY (in this place) 7 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) MO PACIFIC ()

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE ILL
b. COUNTY ST CLAIR 999
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) E ST LOUIS 11
d. STREET ADDRESS (If rural, give location) 414 N 34 ST 2

3. NAME OF DECEASED (Type or Print)
a. (First) SION
b. (Middle) RICHARD
Moore ~~MOORE~~

4. DATE OF DEATH (Month) FEB (Day) 14 (Year) 1949

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, ~~NEVER MARRIED, WIDOWED, DIVORCED~~ (Specify) 1
8. DATE OF BIRTH MAY 2 - 1874
9. AGE (In years last birthday) 74 — IF UNDER 1 YEAR Months 9 Days 12 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY COMMON LABORER
11. BIRTHPLACE (State or foreign country) WILLIAMSON CO ILL
12. CITIZEN OF WHAT COUNTRY? ST CLAIR

13a. FATHER'S NAME WILLIAM MOORE
13b. MOTHER'S MAIDEN NAME EMILY DURHAM
14. NAME OF HUSBAND OR WIFE BIRDIE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) NO
16. SOCIAL SECURITY NO. NONE
17. INFORMANT'S SIGNATURE OR NAME Walter Moore ADDRESS 414 N 34 St E St Louis

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	UREMIA	2 MONTHS
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	CHRONIC GLOMERULONEPHRITIS	?
DUE TO (c)	131	
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	CORONARY THROMBOSIS	2 MONTHS

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION 592X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* 2/8, 1949, *to* 2/14, 1949, *that I last saw the deceased alive on* 2/14, 1949, *and that death occurred at* 5:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Thomas J. Fitzpatrick, M.D. ()
23b. ADDRESS 1755 S. Grand, St. Louis, Mo.
23c. DATE SIGNED 2/14/49

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
24b. DATE 2-14-49
24c. NAME OF CEMETERY OR CREMATORY HARP Com.
24d. LOCATION (City, town, or county) MALVERN (State) ARK

DATE REC'D BY LOCAL REG. FEB 15 1949
REGISTRAR'S SIGNATURE J. B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE Robins Funeral Home ADDRESS E St. Louis Ill

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Signed Frank Prokopf

Signed _____
Student Embalmer

Licensed Embalmer No. 4856

P. O. Address St Louis, 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 this body is not embalmed, fact should be so stated above.