

FILED JUN 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18472

Registrar's No. 4905

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|--|--|--|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>318</u> | | PRIMARY REG. DIST. <u>1003</u> | | Registrar's No. <u>4905</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> | | c. LENGTH OF STAY (In this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3300 A. Laclede ave.</u> | | | | STREET ADDRESS (If rural, give location) <u>3300 A. Laclede ave.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Marie</u> | | b. (Middle) _____ | | c. (Last) <u>Moore</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 30, 1950</u> | |
| 5. SEX <u>female</u> | | 6. COLOR OR RACE <u>Colored</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>Oct. 14, 1990</u> | |
| 9. AGE (In years last birthday) <u>59</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 9. AGE (In years last birthday) Months Days Hours Min. <u>7 16</u> | |
| 11. BIRTHPLACE (State or foreign country) <u>9</u> | | | | 12. CITIZEN OF WHAT COUNTRY? _____ | | | |
| 13a. FATHER'S NAME <u>unknown</u> | | 13b. MOTHER'S MAIDEN NAME <u>unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>widowed</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____ | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Carrie Deris 3300 A. Laclede ave.</u> | | | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) = _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH _____ _____ _____ | | | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 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) (Min.) _____ | |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>HPOX</u> | | | | | |
| 22. I hereby certify that I attended the deceased from <u>July 15, 1950</u> , to <u>May 30, 1950</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>3 a.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>W. Albee</u> | | | | 23b. ADDRESS <u>2337 Market</u> | | 23c. DATE SIGNED <u>5/31/50</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>buried</u> | | 24b. DATE <u>June 5, 1950</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>JUN 3 1950</u> | | REGISTRAR'S SIGNATURE <u>J. B. Lanster</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Dement & Son 2629-31 Cole St.</u> | | | |

(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.

Student
Student Embalmer

Signed.....

H. Claude Gordon

Licensed Embalmer No.

3489

P. O. Address.....

4575 Aldin

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.