

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25080

FILED JUL 18 1950

1003

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. **5900**

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE **Missouri** b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** c. LENGTH OF STAY (in this place) \_\_\_\_\_  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** **2119**

d. FULL NAME OF HOSPITAL OR INSTITUTION **Homer G Phillips Hospital** d. STREET ADDRESS (If rural, give location) **1521 N. Taylor Ave.**

3. NAME OF DECEASED a. (First) **William** b. (Middle) \_\_\_\_\_ c. (Last) **Moore** 4. DATE OF DEATH (Month) (Day) (Year) **July 6, 1950**

5. SEX **Male** 6. COLOR OR RACE **Negro** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widow** 8. DATE OF BIRTH **Aug 11, 1866** 9. AGE (In years last birthday) (Specify) **83** 10. MONTHS **0** 11. HOURS **0** 12. MIN. **0**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Nil** 10b. KIND OF BUSINESS OR INDUSTRY **None** 11. BIRTHPLACE (State or foreign country) **Audrian County, Mo.** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Jacob Moore** 13b. MOTHER'S MAIDEN NAME **Rebecca Hughes** 14. NAME OF HUSBAND OR WIFE **Dead**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **None** 16. SOCIAL SECURITY NO. **None** 17. INFORMANT'S SIGNATURE OR NAME **Anna Bell Jones** ADDRESS **1421 N. Taylor Ave.**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Carcinoma of Stomach**  
INTERVAL BETWEEN ONSET AND DEATH **Undet.**  
\*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES  
DUE TO (b) **Undetermined**  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. **Senility and Pyelonephritis**

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 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) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? **151X**

22. I hereby certify that I attended the deceased from **5-22**, 19**50**, to **7-6**, 19**50**, that I last saw the deceased alive on **7-6**, 19**50**, and that death occurred at **1:45 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE **Alvin Thompson M.D.** (Degree or title) 23b. ADDRESS **201 N Whittier** 23c. DATE SIGNED **7-7-50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **7/8/50** 24c. NAME OF CEMETERY OR CREMATORY **Washington Park Cem.** 24d. LOCATION (City, town, or county) (State) **St. Louis, Mo.**

DATE REC'D BY LOCAL REG. **JUL 1 1950** REGISTRAR'S SIGNATURE **J. B. Laster** 25. FUNERAL DIRECTOR'S SIGNATURE **C.W. Roberts** ADDRESS **1416 N. Taylor Ave.**

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.....

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed.....

*Annie Roberts*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4439*

P. O. Address. *1416 N. Taylor*

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.