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FILED SEP 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32220

317

REG. DIST. NO. 6076 PRIMARY REG. DIST. NO. 2243

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		REGISTRAR'S NO. _____			
1. PLACE OF DEATH a. COUNTY <u>Saint Louis,</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St Louis</u>					
b. CITY OR TOWN <u>Kinloch</u>		c. LENGTH OF STAY (in this place) <u>1 year</u>		c. CITY OR TOWN <u>Kinloch</u>		<u>4093</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>909 Warren</u>				d. STREET ADDRESS (If rural, give location) <u>909 Warren</u>					
3. NAME OF DECEASED a. (First) <u>Arillia</u>		b. (Middle) _____		c. (Last) <u>Moore</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 19 1950</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Col.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan 20, 1892</u>			
9. AGE (In years last birthday) <u>58</u>		10. UNDER 1 YEAR (Months) <u>7</u>		10. UNDER 2 HRS. (Hours) <u>29</u>		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>			
13a. FATHER'S NAME <u>Jack Robinson</u>		13b. MOTHER'S MAIDEN NAME <u>Mattie unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Simon Moore</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Simon Moore</u> ADDRESS _____					
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, asthma, 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) <u>Crowned thrombosis</u>				DUPLICATE				<u>9-11-50</u>	
ANTECEDENT CAUSES				DUE TO (b) <u>Chr. myxomatosis</u>				<u>1947</u>	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <u>Chr. myxomatosis</u>				<u>1948</u>	
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>				<u>4222</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>none</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>✓</u>					
22. I hereby certify that I attended the deceased from <u>9-11-1950</u> , to <u>9-19-1950</u> , that I last saw the deceased alive on <u>9-19-1950</u> , and that death occurred at <u>6 a. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Jack Robinson</u> (Degree or title) _____				23b. ADDRESS <u>Washington</u>		23c. DATE SIGNED <u>9/21/50</u>			
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>burial</u>		24b. DATE <u>9/23/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>		24d. LOCATION (City, town, or county) (State) <u>Berkeley City, Mo</u>			
DATE REC'D BY LOCAL REG. <u>9-21-50</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donke</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Boyd Bros.</u>		ADDRESS <u>Funeral Home Kinloch Mo.</u>			

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 Edward A Flynn

Licensed Embalmer No. 4444

P. O. Address 4548 4th Page

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.