

FILED NOV 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 35151
Registrar's No. 9083

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____		
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 town) 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 1104 N. Whittier St.,				11. STREET ADDRESS (If rural, give location) 1104 N. Whittier St.,				
3. NAME OF DECEASED (Type or Print) a. (First) Sid		b. (Middle) _____		c. (Last) Moore		4. DATE OF DEATH (Month) (Day) (Year) Oct. 23 1950		
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Jan. 26, 1939		9. AGE (in years last birthday) 11 yrs	10. MONTHS _____	11. DAYS _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Child		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Montrose, Ark.		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Joseph Moore		13b. MOTHER'S MAIDEN NAME Ruby Lee Griffin		14. NAME OF HUSBAND OR WIFE _____				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.	(If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Joseph Moore		ADDRESS 1104 N. Whittier St.			
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) _____				DUE TO (b) Primary Sub Arachnoid				
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) Hemorrhage; History of Epilepsy				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 330X				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw the deceased alive on _____, 19____, and that death occurred at 3:15 P m., from the causes and on the date stated above.								
23a. SIGNATURE Catriel E. Taylor (Degree or title) Cosmo				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 10.26.50		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 28, 1950	24c. NAME OF CEMETERY OR CREMATORY Oakdale Cemetery		24d. LOCATION (City, town, or county) St. Louis County, Mo. (State) _____			
DATE REC'D BY LOCAL REG. Oct 26 1950		REGISTRAR'S SIGNATURE J. B. Fosater		25. FUNERAL DIRECTOR'S SIGNATURE G. Wade Granberry		ADDRESS 4202 Finney Ave.		

(Licensed Embalmer's Statement on Reverse Side)

REPRODUCED FROM ORIGINAL USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Petty

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 Melvin E. [Signature]

Signed
Student Embalmer

Licensed Embalmer No. 4428

P. O. Address St. Louis

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

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