

FILED DEC 8 1950

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

38852

State File No. ....

318

1003

Registrar's No. 10212

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. 10212	
1. PLACE OF DEATH a. COUNTY <u>St. Louis Mo</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>		<u>2219</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Infirmary</u>				e. STREET ADDRESS (If rural, give location) <u>2305 Carr's Street</u>			
3. NAME OF DECEASED (Type or Print) <u>Bert, s</u>			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 28 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Col</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct-21-1881</u>		9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Mississippi</u>		12. CITIZEN OF WHAT COUNTRY? <u>yes</u>	
13a. FATHER'S NAME <u>Thos Moore</u>			13b. MOTHER'S MAIDEN NAME <u>Essie Manual</u>		14. NAME OF HUSBAND OR WIFE <u>P Moore</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>125 16 6120</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Albert Moore</u>		ADDRESS <u>2305 Carr</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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PULMONARY INFARCTION</u> <u>ENLARGE PRSTATE with ACUTE RETENTION AND PROSTATITIS</u> DUE TO (b) <u>DIABETES MELLITUS with ACIDOSIS and COMA</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>CHRONIC PYELONEPHRITIS</u>					INTERVAL BETWEEN ONSET OF DEATH <u>10 days</u>  <u>2 days</u>	
19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>None</u>					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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>6/0X</u>					
22. I hereby certify that I attended the deceased from <u>Nov. 20</u> , 19 <u>50</u> , to <u>Nov. 28</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Nov. 27</u> , 19 <u>50</u> , and that death occurred at <u>7 4</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Daniel W. Brown</u> <u>DANIEL W. BROWN</u> M. D.					23b. ADDRESS <u>11 NORTH JEFFERSON AVE</u>		23c. DATE SIGNED <u>11/28/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>Dec. 21 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>		24d. LOCATION (City, town, or county) (State) <u>9500 Natural Bridge</u>		
DATE REC'D BY LOCAL REG. <u>NOV 30 1950</u>		REGISTRAR'S SIGNATURE <u>Joe B. Sauter</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Herman J. Smith</u>		
					ADDRESS <u>4247/w Labadie Ave</u>		

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

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**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 *Lawrence E. Woodman* .....

Licensed Embalmer No. *4341* .....

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.