

THE DIVISION OF HEALTH OF MISSOURI  
FILED FEB 9 1951 STANDARD CERTIFICATE OF DEATH

State File No. 332  
Registrar's No. 332

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Saint Louis		c. CITY (If outside corporate limits, write RURAL and give township) 17 TOWN Normandy 4171	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital		d. STREET ADDRESS (If rural, give location) 5301 Winslow Drive (21)	
3. NAME OF DECEASED (Type or Print) a. (First) Daniel b. (Middle) Harmon c. (Last) Moore			4. DATE OF DEATH (Month) - (Day) (Year) Jan. 10th, 1950
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 19th, 1869
9. AGE (In years last birthday) 81		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired-Salesman		10b. KIND OF BUSINESS OR INDUSTRY Bakeries	11. BIRTHPLACE (State or foreign country) Greenville, Illinois
			12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Daniel W. Moore		13b. MOTHER'S MAIDEN NAME Elizabeth Elkins	14. NAME OF HUSBAND OR WIFE Late Anna Lillian Moore
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS John A. Robinson, 5301 Winslow Dr., (21)
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) Coronary Thrombosis ANTECEDENT CAUSES Morbidity conditions giving rise to the above (a) causing the underlying disease. 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 Sudden.
19a. DATE OF OPERATION		19b. PATHOLOGICAL 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) (Minute)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H201	
22. I hereby certify that I attended the deceased from 1-10-51, 19, to 1-10-51, 19, that I last saw the deceased alive on 1-10-51, 19, and that death occurred at 1:10 A.M., from the causes and on the date stated above.			
23a. SIGNATURE Clarence G. ... (Degree or title)		23b. ADDRESS ...	
23c. DATE SIGNED 1-10-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-13-51	
24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
DATE REC'D BY LOCAL REG. JAN 12 1951		REGISTRAR'S SIGNATURE	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Calvin F. Feutz, 4828 Natural Bridge Blvd.	

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

1927- Museum

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

*Ralph C. Linders*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4275

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.