

FILED JUL 16 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25028

318

1003

Registrar's No. 5201

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		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) St. Louis		c. LENGTH OF STAY (in this place) 6 yrs		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2219			
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital				d. STREET ADDRESS (If rural, give location) 2105 Biddle St					
3. NAME OF DECEASED (Type or Print) Monroe		a. (First)		b. (Middle)		c. (Last) Moore			
4. DATE OF DEATH June 22 1951		5. SEX Male		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			
8. DATE OF BIRTH Oct. 9, 1894		9. AGE (In years last birthday) 56		10. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Ala.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil		10b. KIND OF BUSINESS OR INDUSTRY None		12. CITIZEN OF WHAT COUNTRY? U S A					
13a. FATHER'S NAME William Moore		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Mary Moore					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Mary Moore		ADDRESS 2105 Biddle 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes mellitus with acidosis  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. None				INTERVAL BETWEEN ONSET AND DEATH Undet.	
19a. DATE OF OPERATION		19b. MAJOR 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) (NOT WHILE AT WORK)		21f. HOW DID INJURY OCCUR? 260X					
22. I hereby certify that I attended the deceased from 6-19, 19 51, to 6-22, 19 51, that I last saw the deceased alive on 6-22, 19 51, and that death occurred at 8:14am., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) L. H. Harris M. D.				23b. ADDRESS 2601 N Whittier St		23c. DATE SIGNED 6-22-51			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 6/26/51		24c. NAME OF CEMETERY OR CREMATORY Greenwood		24d. LOCATION (City, town, or county) (State) St. Louis County Mo			
DATE REC'D BY LOCAL REG. JUN 25 1951		REGISTRAR'S SIGNATURE J. B. Barater		25. FUNERAL DIRECTOR'S SIGNATURE Boyd Funeral Home		ADDRESS 3704 Finney 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 \_\_\_\_\_  
Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student .....  
Student Embalmer

Signed

*John K. Cunningham*

Licensed Embalmer No. 244090

P. O. Address 4107 Gentry

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.