

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31712**
8290
Registrar's No.

FILED OCT 10 1951

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	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2199	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital		d. STREET ADDRESS (If rural, give location) 19 4228 Delmar Blvd.	
3. NAME OF DECEASED (Type or Print) a. (First) Coleman b. (Middle) M. c. (Last) Moore		4. DATE OF DEATH (Month) (Day) (Year) Sept. 17 1951	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 17, 1875
9. AGE (In years last birthday) 76	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate Dealer	10b. KIND OF BUSINESS OR INDUSTRY Self Employed	11. BIRTHPLACE (State or foreign country) Texas.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME David Moore	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Sarah I. 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. none	
17. INFORMANT'S SIGNATURE OR NAME Sarah I. Moore		ADDRESS 4228 Delmar Blvd.	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Pyelonephritis		INTERVAL BETWEEN ONSET AND DEATH Undet.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Benign Prostatic Hypertrophy		"
DUE TO (c)		DUE TO (c) None		
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) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 6/0X		
22. I hereby certify that I attended the deceased from 9-11 , 19 51 , to 9-17 , 19 51 , that I last saw the deceased alive on 9-17 , 19 51 , and that death occurred at 4:55p. m. , from the causes and on the date stated above.				
23a. SIGNATURE Nezekiah Lewis		23b. ADDRESS 2601 N Whittier St		23c. DATE SIGNED 9-18-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/21/51	24c. NAME OF CEMETERY OR CREMATORY Washington Park Cem.	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
DATE REC'D BY LOCAL REG. SEP 19 1951		REGISTRAR'S SIGNATURE C. W. Roberts		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. W. Roberts 1416 N. Taylor 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 _____

Annice Roberts

Licensed Embalmer No. 4439

P. O. Address. 1416 N. Jayle

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.