

43186

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

11354

No. 300  
10.48

FILED JAN 10 1952

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>211</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis <b>0</b>	
3. NAME OF DECEASED (Type or Print) a. (First) De Etta		b. (Middle) Moore	
c. (Last) Moore		4. DATE OF DEATH (Month) (Day) (Year) Dec. 18 1951	
5. SEX Female <b>3</b>	6. COLOR OR RACE Col.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married <b>1</b>	8. DATE OF BIRTH Nov. 18, 1901
9. AGE (In years last birthday) 50		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (State or foreign country) Peoria, Ill. <b>1</b>
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME ? Wilson	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Marcellus Moore	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 490-18-8352	
17. INFORMANT'S SIGNATURE OR NAME Marcellus Moore		ADDRESS 3725a Cass	
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) Cerebral Hemorrhage  ANTECEDENT CAUSES DUE TO (b) Essential Hypertension Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Undetermined  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 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"/>	
22. I hereby certify that I attended the deceased from <u>12-17</u> , 19 <u>51</u> , to <u>12-18</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>12-18</u> , 19 <u>51</u> , and that death occurred at <u>10:45p.m.</u> , from the causes and on the date stated above.		22. HOW DID INJURY OCCUR? <b>3 3/1X</b>	
23a. SIGNATURE (Degree or title) <i>Marcellus W. Harris</i> M. D.		23b. ADDRESS 2601 N Whittier St	
23c. DATE SIGNED 12-21-51		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 11-22-51		24c. NAME OF CEMETERY OR CREMATORY Washington Park	
24d. LOCATION (City, town, or county) (State) St. Louis, County Mo.		DATE REC'D BY LOCAL REG. DEC 22 1951	
REGISTRAR'S SIGNATURE <i>J. Carl Smith, Md</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>C. B. Roone</i> ADDRESS 1221 N. Grand	

(Licensed Embalmer's Statement on Reverse Side)

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 Clarence Adams

Licensed Embalmer No. 4755

P. O. Address 1221 N. Grand

**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.