No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44202

FILED FEB 8 1952 BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10960

1. PLACE OF DEATH
a. COUNTY --
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, c. LENGTH OF STAY (In this place) 23 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) BARNES HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo. b. COUNTY St. Louis Co.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Shellerton 4301
d. STREET ADDRESS (If rural, give location) 6234 Shell Ave.

3. NAME OF DECEASED (Type or Print)
a. (First) TERRIE b. (Middle) L. c. (Last) MOORE

4. DATE OF DEATH (Month) 12 (Day) 7 (Year) 51

5. SEX Female **6. COLOR OR RACE** Negro **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Widowed **8. DATE OF BIRTH** 2-13-1893 **9. AGE** (In years last birthday) 58 If under 1 year: Months 10 Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework **10b. KIND OF BUSINESS OR INDUSTRY** **11. BIRTHPLACE** (State or foreign country) Georgia **12. CITIZEN OF WHAT COUNTRY** U.S.A.

13a. FATHER'S NAME J. W. Williams **13b. MOTHER'S MAIDEN NAME** Jane Waterfield **14. NAME OF HUSBAND OR WIFE**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) **16. SOCIAL SECURITY NO.** None **17. INFORMANT'S SIGNATURE OR NAME** Thursa Smith **ADDRESS** Farmington

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Pyelonephritis and radiation cystitis with bladder hemorrhage — 8 years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Post-radiation carcinoma of cervix — 8 years

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES [X] NO [ ]

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 [ ] NOT WHILE AT WORK [ ] 21f. HOW DID INJURY OCCUR? 171X

22. *I hereby certify that I attended the deceased from* 11/14, 19 51, *to* 12/7, 19 51, *that I last saw the deceased alive on* 12/7, 19 51, *and that death occurred at* 2:15p *m., from the causes and on the date stated above.*

23a. SIGNATURE F R Bradley (Degree or title) M.D. 23b. ADDRESS BARNES HOSPITAL 23c. DATE SIGNED 12/7/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 12/12/51 24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery 24d. LOCATION (City, town, or county) St. Louis County (State) Mo

DATE REC'D BY LOCAL REG. DEC 1 4 1951 REGISTRAR'S SIGNATURE J Earl Smith MD 25. FUNERAL DIRECTOR'S SIGNATURE Lee J. Sneed ADDRESS 3615 Easton

(Licensed Embalmer's Statement on Reverse Side)

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 Leroy H. Bannister

Licensed Embalmer No. 4523

P. O. Address 3880 Easton Ave

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.