

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

10349

State File No. 2424

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 Mo. b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis Mo.		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2119		
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 1104 No. Whittier		
d. FULL NAME OF HOSPITAL OR INSTITUTION 1104 No. Whittier		d. STREET ADDRESS (If rural, give location) 1104 No. Whittier		
3. NAME OF DECEASED (Type or Print) a. (First) Jack b. (Middle) Moore c. (Last) Moore		4. DATE OF DEATH (Month) 2 (Day) 19 (Year) 52		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH 11/19/20		9. AGE (In years last birthday) 30		
10a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) Werk		10b. KIND OF BUSINESS OR INDUSTRY Werk		11. BIRTHPLACE (State or foreign country) France
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Werk		
13b. MOTHER'S MAIDEN NAME Werk		14. NAME OF HUSBAND OR WIFE Werk		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year of date of service) Werk		16. SOCIAL SECURITY NO. Werk		17. INFORMANT'S SIGNATURE OR NAME J. E. Taylor Leo Clark
17. ADDRESS St. Louis 100 Clark		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.		
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		MEDICAL CERTIFICATION Chronic Hypertrophic Myocarditis De Compensated		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		19a. DATE OF OPERATION		
19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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? H222
22. I hereby certify that I attended the deceased from 5:45 to 6:00, 1952, that I last saw the deceased alive on 3/14, 1952, and that death occurred at 7:44, from the causes and on the date stated above.				
23a. SIGNATURE J. E. Taylor		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 3/6/52
24a. BURIAL (CREMATION, REMOVAL) (Specify) 10		24b. DATE 3-5-52		24c. NAME OF CEMETERY OR CREMATORY Anatomical Board
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		25. FUNERAL HOME (Name and address) Rowland Mortuary Service 4104 Manchester Ave. St. Louis 10, Mo.		
DATE REC'D BY LOCAL REG. MAR 14 1952		REGISTRAR'S SIGNATURE J. Carl Smith Mo.		

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 _____

Students of Mortuary College Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed James A. Summers

Licensed Embalmer No. 4142

P. O. Address St. Louis

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.