

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22400

State File No. ....

FILED JUL 2- 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5798**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: institution before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Saint Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Saint Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Park Lane Hospital-4930 Lindell</b>		d. STREET ADDRESS (If rural, give location) <b>3306 St. Vincent Ave.</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>MINNIE</b>	b. (Middle) <b>CATHERINE</b>	c. (Last) <b>MOORE</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 21 1952</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>March 28, 1885</b>	9. AGE (In years last birthday) <b>67 yrs</b>	IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Days	IF UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Mauckport, Indiana</b>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <b>Marline Plummer</b>	13b. MOTHER'S MAIDEN NAME <b>Mathilda Blake</b>	14. NAME OF HUSBAND OR WIFE <b>Frank Moore</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Loretta Lyons</b>	ADDRESS <b>3306 St. Vincent Ave</b>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchopneumonia, bilateral.</b>		
	II. OTHER SIGNIFICANT CONDITIONS: <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>No surgery.</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>491X</b>
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22. I hereby certify that I attended the deceased from **June 18, 1952**, to **June 21, 1952**, that I last saw the deceased alive on **June 21, 1952**, and that death occurred at **4:00a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Chas. J. Smith M.D.</b> (Degree or title)	23b. ADDRESS <b>4930 Lindell Blvd., St. Louis, Mo.</b>	23c. DATE SIGNED <b>6/21/52</b>
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24a. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 23, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Morley Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Morley, Missouri</b>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>Carl Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>ARUTH CENTER MORTUARY</b>	ADDRESS <b>4024 Lindell Blvd.</b>
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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 \_\_\_\_\_

.....  
working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. ....

Signed \_\_\_\_\_

*Don H. Johnson*

Licensed Embalmer No. ....

*4366*  
*News MO*

P. O. Address \_\_\_\_\_

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.