

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26768

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1917

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> <u>0</u>		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>22-39</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Koch (rural)</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>23 TOWN St. Louis, Missouri</u>	
c. LENGTH OF STAY (In this place) <u>242 days</u>		d. STREET ADDRESS (If rural, give location) <u>2020 South 12th</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Robert Koch Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>James</u>	b. (Middle) <u>-</u>	c. (Last) <u>Moore</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 7, 1952</u>
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5. SEX <u>Male</u> <u>0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widower</u> <u>2</u>	8. DATE OF BIRTH <u>8-21-90</u>	9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nil</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (State or foreign country) <u>Arkansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>William Moore</u>	13b. MOTHER'S MAIDEN NAME <u>Jennie Hughes</u>	14. NAME OF HUSBAND OR WIFE <u>Edith King, deceased</u>
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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) <u>None</u>	16. SOCIAL SECURITY NO. <u>??</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Records, Robt. Koch Hosp.</u>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr (?)</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>002X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE - HOMICIDE (Specify) <u>Q</u>	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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 11-8-51, 1951, to 7-7-, 1952, that I last saw the deceased alive on 6-7-, 1952, and that death occurred at 5:15P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. J. M. D.</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Robert Koch Hospital</u>	23c. DATE SIGNED <u>7-8-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>ANATOMICAL</u>	24b. DATE <u>6-7-15-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Louis U.S.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, MO.</u>
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DATE REC'D BY LOCAL REG. <u>7-15-52</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donke</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Rowland</u>	ADDRESS <u>4104 Manchester</u>
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(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.....

Licensed Embalmer No.....

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.