

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36680Registrar's No. 9928

NOV 13 1952

BIRTH NO. _____

REG. DIST. NO. 318PRIMARY 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 <u>MISSOURI</u> b. COUNTY | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SAINT LOUIS</u> | | c. LENGTH OF STAY (In this place) | | c. CITY (If outside corporate limits, write RURAL and give township): OR TOWN <u>SAINT LOUIS</u> | | 2113 | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) <u>1121 A. N. VANDEVENTER</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Gertrude</u> b. (Middle) c. (Last) <u>Moore</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 25 1952</u> | | | | | |
| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>NEGRO</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>AUGUST 10, 1904</u> | 9. AGE (In years last birthday) (Months) (Days) <u>48 2 15</u> | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>UNEMPLOYED</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>MILINGTON, TENNESSEE</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 10a. USUAL OCCUPATION | | 10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u> | | 11. BIRTHPLACE | | 12. CITIZEN OF WHAT COUNTRY? | | |
| 13a. FATHER'S NAME <u>GEORGE MANNS</u> | | 13b. MOTHER'S MAIDEN NAME <u>MANDY OWENS</u> | | 14. NAME OF HUSBAND OR WIFE <u>DAVID MOORE</u> | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>494-24-9884</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MINNIE PAYNE 3005 DICKSON</u> | | | | |
| 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 |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Infarction</u> | | | | DUE TO (b) <u>Rheumatic Heart Disease</u> | | | | <u>Undet.</u> |
| ANTECEDENT CAUSES | | | | DUE TO (c) <u>None</u> | | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | <u>None</u> | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input checked="" 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) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>416X.</u> | | | | |
| 22. I hereby certify that I attended the deceased from <u>10-17</u> , 19 <u>52</u> , to <u>10-25</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>10-25</u> , 19 <u>52</u> , and that death occurred at <u>8:15p</u> m., from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>N. Alan Harris M. D.</u> | | | | 23b. ADDRESS <u>2601 N Whittier St</u> | | 23c. DATE SIGNED <u>10-27-52</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE <u>NOV 1, 1952</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>WASHINGTON PARK CEMETERY</u> | | 24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, COUNTY, MISSOURI</u> | | |
| DATE REC'D BY LOCAL REG. <u>OCT 28 1952</u> | | REGISTRAR'S SIGNATURE <u>[Signature]</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] 1221 N. GRAND BLVD.</u> | | | | |

(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 *C. J. Lewis*

Licensed Embalmer No. 4750

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.