

X
No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 31 1953

1003 State File No. 2870

318

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

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis, MO.		c. LENGTH OF STAY (in this place) 8 Months		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		2219	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) 21 3111 Lucas Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) ROY		b. (Middle) E.		c. (Last) MOORE		4. DATE OF DEATH (Month) (Day) (Year) MARCH 13, 1953	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept 10-1915	9. AGE (In years last birthday) 37	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto Helper	11. BIRTHPLACE (State or foreign country) Holly Springs Miss	12. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto Helper		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Holly Springs Miss		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Will Moore		13b. MOTHER'S MAIDEN NAME MARY Finner		14. NAME OF HUSBAND OR WIFE Catherine Moore			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes World War #2		16. SOCIAL SECURITY NUMBER 327-14-81088		17. INFORMANT'S SIGNATURE OR NAME Will Moore		ADDRESS 3108 Lucas Ave. St. Louis	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) External Hemorrhage suffered when car operated by deceased ANTECEDENT CAUSES car got out of control and struck light standard and then submerging at intersection of Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Hadley and Benton Sts Conditions contributing to the death but not related to the disease or condition causing death 5:30 pm on Mar 13 1953				INTERVAL BETWEEN ONSET AND DEATH about	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 000 Accidental				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accidental		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Mar 13 5:30 P		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? E8234			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 745 P.m. , from the causes and on the date stated above. 31							
23a. SIGNATURE (Degree or title) Chief Warrant Officer				23b. ADDRESS 1300 Olive		23c. DATE SIGNED 3/16/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3-20-1953		24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson BARTON MO.	
DATE REC'D BY LOCAL MAR 16 1953		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm. Adams 384 Windsor Place			

(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.....

F. G. Green

Licensed Embalmer No. *2963*

P. O. Address *4214 Palmer*

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.