

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23313

State File No.

FILED JUN 26 1953

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

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>541</u>		Registrar's No. <u>1614</u>		
1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE MISSOURI b. COUNTY ST. LOUIS				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CLAYTON,		c. LENGTH OF STAY (In this place) 25 years		c. CITY OR TOWN CLAYTON, 4452		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION # 24 WEST BRENTMOOR PARK				e. STREET ADDRESS (If rural, give location) # 24 WEST BRENTMOOR PARK.				
3. NAME OF DECEASED (Type or Print) THEODORE			a. (First)		b. (Middle)		c. (Last) MORENO.	
4. DATE OF DEATH June 9, 1953		Month (Day) (Year)		5. SEX Male		6. COLOR OR RACE White		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Dec. 16, 1871		9. AGE (In years last birthday) 81		IF UNDER 1 YEAR Months Days		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired-Vice-Pres.		10b. KIND OF BUSINESS OR INDUSTRY International Shoe		11. BIRTHPLACE (City and State or Foreign Country) Gainesville, Georgia		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Theodore Moreno		13b. MOTHER'S MAIDEN NAME Virginia Anderson		14. NAME OF HUSBAND OR WIFE Florence B. Moreno.				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Edward G. Bischoff-23Brentmoor				
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH		
<p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Thrombosis				24 hrs		
		ANTECEDENT CAUSES						
		DUE TO (b) arteriosclerosis general Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Diabetes mellitus				?		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 332 X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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?				
22. I hereby certify that I attended the deceased from Feb 26, 1940 , to June 9, 1953 that I last saw the deceased alive on June 9, 1953 , and that death occurred at 7 p. m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Samuel B Grant MD				23b. ADDRESS 114 N. Taylor Ave		23c. DATE SIGNED June 10 '53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Entombment		24b. DATE 6-11-53		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Mausoleum		24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri		
DATE REC'D BY LOCAL REG. 6-10-53		REGISTRAR'S SIGNATURE Herbert P. Domb		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS G. B. Lupton & Sons: 7233 Delmar Blvd.				

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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.....
Signature of Student Embalmer

Signed Arnold W. Schoene

Licensed Embalmer No. 3864

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.