

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33751**  
Registrar's No. **8240**

FILED SEP 24 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>2217</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>ST LOUIS</b>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>ST LOUIS</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST MARYS INC</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <b>21 3028 LUCAS</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>DAVID</b> b. (Middle) _____ c. (Last) <b>MOORE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>AUG 23 53</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>Col</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>MAY-3-1912</b>	9. AGE (In years last birthday) <b>41</b>	IF UNDER 1 YEAR Months <b>3</b> Days <b>11</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Wagoner</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>BRICKYARD</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>CANTON, MISS</b>		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME <b>JIM MOORE</b>		13b. MOTHER'S MAIDEN NAME <b>CAROLIA REDMOND</b>		14. NAME OF HUSBAND OR WIFE <b>MAURIE MOORE</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>425-24-4046</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Robert Sadlet 3104 School ST</b>	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypertensive cardio vascular disease, cerebral hemorrhage, &amp; chronic nephritis uremia</b> ANTECEDENT CAUSES <b>cerebral hemorrhage, &amp; chronic nephritis uremia</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH
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			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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>592X</b>		

22. I hereby certify that I attended the deceased from **August 19, 1953** to **August 23, 1953**, that I last saw the deceased alive on **8/23/53**, 19**53**, and that death occurred at **7PM** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Barrie T. Johnson MD</b>		23b. ADDRESS <b>3100a Lucas, St. Louis, Mo.</b>		23c. DATE SIGNED <b>8/24/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVED</b>		24b. DATE <b>AUG 26-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>GREENWOOD CEMETERY</b>	
24d. LOCATION (City, town, or county) (State) <b>ST LOUIS COUNTY</b>		DATE REC'D BY LOCAL REG <b>AUG 25 1953</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>WRIGHT FUNERAL Home</b>		ADDRESS <b>3100 EAST OLY</b>			

3.10. (Licensed Embalmer's Statement on Reverse Side)

MAKING 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  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Arthur P. Hayward*

Licensed Embalmer No. *4*

P. O. Address *4524*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.