

FILED DEC 29 1953

STANDARD CERTIFICATE OF DEATH

State File No. 44611

BIRTH NO. 47822 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 3153

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis c. CITY (If outside corporate limits, write RURAL and give township) Wellston d. STREET ADDRESS (If rural, give location) 1568 Valle Ave.,					
b. CITY (If outside corporate limits, write RURAL and give township) Clayton		c. LENGTH OF STAY (in this place) 100		c. CITY (If outside corporate limits, write RURAL and give township) Wellston		d. STREET ADDRESS (If rural, give location) 1568 Valle Ave.,			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. L. Co. Hospital				d. STREET ADDRESS (If rural, give location) 1568 Valle Ave.,					
3. NAME OF DECEASED (Type or Print) a. (First) DONALD			b. (Middle) RAY		c. (Last) MOORE		4. DATE OF DEATH (Month) (Day) (Year) Dec. 9, 1953		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Aug. 9, 1953.		9. AGE (In years last birthday) 4 If UNDER 1 YEAR Months Days If UNDER 12 HRS. Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None			10b. KIND OF BUSINESS OR INDUSTRY NONE			11. BIRTHPLACE (State or foreign country) Normandy, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Alvie Moore			13b. MOTHER'S MAIDEN NAME Anna Mae Morgan			14. NAME OF HUSBAND OR WIFE NONE			
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. No		17. INFORMANT'S SIGNATURE OR NAME Alvie Moore, 1568 Valle Ave., ADDRESS				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* unknown natural causes 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.						INTERVAL BETWEEN ONSET AND DEATH unk	
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) 7955 (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred 10:30 A.M. from the causes and on the date stated above.									
23a. SIGNATURE Herbert R. Vonke (Type or Print) Herbert R. Vonke, M.D., Local Registrar				23b. ADDRESS 651 S. Brentwood Blvd.			23c. DATE SIGNED 12-18-53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 11, 1953		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cem.,		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.			
DATE REC'D BY LOCAL REG. 12/10/53		REGISTRAR'S SIGNATURE Herbert R. Vonke, M.D.			25. FUNERAL DIRECTOR'S SIGNATURE J. S. W. Clark ADDRESS 1125 Hodiamont Ave.,				

(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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Alfred J. Boelker
.....
Licensed Embalmer No. 2663

Signed.....
Student Embalmer

P. O. Address 1125 Hodiament Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.