

FILED MAY 5 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

13833

BIRTH NO. 26381-54 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3494

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St. Louis, Mo</u>)		c. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Ferguson - 21109</u>)	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>422 JEHLING DR.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>JEWISH HOSPITAL</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>BABY</u> b. (Middle) <u>BOY</u> c. (Last) <u>MOORE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4-19-54</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>W</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>4-18-54</u>	
9. AGE (In years last birthday) <u>8</u> IF UNDER 1 YEAR Months <u>29</u> Days <u>29</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>LEROY C. MOORE</u>	
13b. MOTHER'S MAIDEN NAME <u>VIRGINIA M. BRIDGES</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>LEROY C. MOORE, 412 JEHLING, FERGUSON 21</u>		ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u>		DUE TO (b) <u>Intermittent bleeding</u>		<u>8-17-PM-1954</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>during mother's pregnancy</u>		<u>4:30 AM</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Separation of placenta</u>				<u>4-19-54</u>	
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) <u>761.0</u>	
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?	

22. I hereby certify that I attended the deceased from April 18, 1954, to April 19, 1954, that I last saw the deceased alive on April 17, 1954, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ellen S. Loeffel MD</u>		23b. ADDRESS <u>3720 Washington</u>		23c. DATE SIGNED <u>4-19-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-19-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Earl Smith M.D.</u>		ADDRESS <u>Cullinan Bros 3320 N. Kings Highway</u>	
DATE REC'D BY LOCAL REG. <u>APR 19 1954</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith M.D.</u>		3. P. (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.

Not Embalmed

Student
Student Embalmer

Signed *Fred Frick*

Licensed Embalmer No. *3186*

P. O. Address *St. Louis, Mo.*

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.