

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

No. 300
10.48

FILED AUG 23 1954

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 1899

1. PLACE OF DEATH
a. COUNTY St. Louis
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 Clayton c. LENGTH OF STAY (in this place) DOA
c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospital
e. STREET ADDRESS (If rural, give location) 4909 McPherson 2129

3. NAME OF DECEASED a. (First) Melvin b. (Middle) Willard c. (Last) Moore
4. DATE OF DEATH (Month) (Day) (Year) July 31, 1954

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 8. DATE OF BIRTH Feb. 9, 1902
9. AGE (In years last birthday) 52 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 1 HR. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lawyer
10b. KIND OF BUSINESS OR INDUSTRY Law
11. BIRTHPLACE (City and State or Foreign Country) VanBuren, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME John L. Moore 13b. MOTHER'S MAIDEN NAME Amanda Mayberry 14. NAME OF HUSBAND OR WIFE Glo

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 John L. Moore, VanBuren, Mo. ADDRESS _____

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suffocation by drowning suffered while swimming in the Meramec River at Lincoln Beach
INTERVAL BETWEEN ONSET AND DEATH _____
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
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.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) River 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Castlewood St. Louis Mo.

21d. TIME OF INJURY (Month) (Day) (Year) July 31, 1954 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? Drowned H 20

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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE Ernest L. Willmann (Degree or title) Coroner 23b. ADDRESS Clayton, Mo. 23c. DATE SIGNED 8-4-54

24a. BURIAL CREMATION REMOVAL (Specify) Removal 24b. DATE 8-2-54 24c. NAME OF CEMETERY OR CREMATORY VanBuren 24d. LOCATION (City, town, or county) (State) VanBuren, Mo.

DATE REC'D BY LOCAL REG. _____ REGISTRAR'S SIGNATURE _____ FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe ADDRESS 4700 Washington Blvd.

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

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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..... *Paul A. Wachter*

Licensed Embalmer No. *478*

P. O. Address *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.**