No. 300
10.48

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

FILED SEP 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32038

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8056

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis
c. LENGTH OF STAY (in this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1215 Amherst Pl.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
STREET ADDRESS (If rural, give location): 1215 Amherst Pl. 2059

3. NAME OF DECEASED (Type or Print)
a. (First): Joseph
b. (Middle): D.
c. (Last): Moore

4. DATE OF DEATH (Month) (Day) (Year): Aug. 30, 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: June 18, 1895
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

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

13a. FATHER'S NAME: Morris Moore
13b. MOTHER'S MAIDEN NAME: Elizabeth Sullivan
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W.W.2
16. SOCIAL SECURITY NO.: 497-05-8071
17. INFORMANT'S SIGNATURE OR NAME: Dora Rehm, ADDRESS: 1215 Amherst Pl.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis
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

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

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

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. X
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? X

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22. *I hereby certify that I attended the deceased from* 1952 *19*__ *to* Aug 30, 1954, *that I last saw the deceased alive on* Aug 10, 1954, *and that death occurred at* 10:40 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Rommelher M D
23b. ADDRESS: 4161 Lindell Blvd
23c. DATE SIGNED: 8/30/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 8-31-54
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Ste Genevieve, Mo.

DATE REC'D BY LOCAL REG.: AUG 31 1954
REGISTRAR'S SIGNATURE: J. Earl Smith M D
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Albert H. Hoppe 4700 Washington

S.P. (Licensed Embalmer's Statement on Reverse Side)

SEP 16

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John J. Haines

Licensed Embalmer No...41

P. O. Address ...

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