

9981

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

1003

318

FILED APR 14 1955

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

1. PLACE OF DEATH a. COUNTY		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 town or town) ST. LOUIS		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis,		
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL		STREET ADDRESS (If rural, give location) 220a Madison St. 2209				
3. NAME OF DECEASED (Type or Print) DENNIS		a. (First) b. (Middle) Burdett		c. (Last) MOYERS		
4. DATE OF DEATH MARCH 31, 1955		5. SEX Male		6. COLOR OR RACE White		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH July 23, 1941		9. AGE (In years last birthday) 13		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Not Employed		10b. KIND OF BUSINESS OR INDUSTRY --		11. BIRTHPLACE (City and State or Foreign Country) 0 St. Louis, Mo.		
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Carl W. Moyers		13b. MOTHER'S MAIDEN NAME Nellie Jane Kemp.		
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. Nil.		16. SOCIAL SECURITY NO. None		
17. INFORMANT'S SIGNATURE OR NAME Carl W. Moyers		ADDRESS 220a Madison St.				
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) Schilder's Disease 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 10 yrs.	
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 <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		
21f. HOW DID INJURY OCCUR? 355 X		22. I hereby certify that I attended the deceased from 2-19-55, 19___, to 3-31-55, 19___, that I last saw the deceased alive on 3-31-55, 19___, and that death occurred at 6:45P m., from the causes and on the date stated above.				
23a. SIGNATURE Mary A. Davis, Jr., D.		(Degree or title)		23b. ADDRESS 1515 Lafayette Avenue		
23c. DATE SIGNED 4-1-55		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4-1-55		
24c. NAME OF CEMETERY OR CREMATORY Local		24d. LOCATION (City, town, or county) (State) Fredericktown, Missouri.				
DATE REC'D BY LOCAL REG. APR 1 1955		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe		
ADDRESS		4700 Washington.				

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

(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..

Student.....
Signature of Student Embalmer

Signed *Robert M. Murrell*
Licensed Embalmer No. *3749*

P. O. Address *St. 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.