

FILED APR 28 1955

STANDARD CERTIFICATE OF DEATH

State File No. **13698**
Registrar's No. **3459**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION 3909 Bates St		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 <input type="checkbox"/> No <input checked="" type="checkbox"/> e. STREET ADDRESS (If rural, give location) 15 3909 Bates St	
3. NAME OF DECEASED (Type or Print) Anna a. (First) _____ b. (Middle) _____ c. (Last) Moorman		4. DATE OF DEATH (Month) (Day) (Year) 4-18-1955	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 5-15-1873
9. AGE (In years last birthday) 81 If UNDER 1 YEAR: Months _____ Days _____ If UNDER 4 Hrs. Hours _____ Mins. _____		11. BIRTHPLACE (City and State or Foreign Country) Kentucky	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY _____	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Jessie Weathholt 13b. MOTHER'S MAIDEN NAME Amanda Reynolds 14. NAME OF HUSBAND OR WIFE Hiram Moorman (Deceased)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME Frances Moorman ADDRESS 3909 Bates St	
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) Parkinson's Dis ANTECEDENT CAUSES _____ *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21c. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21e. HOW DID INJURY OCCUR? 350 X		22. I hereby certify that I attended the deceased from <u>Jan 1955</u>, 19<u>55</u>, to <u>ap 18/55</u> 19<u>55</u>, that I last saw the deceased alive on <u>4/18</u>, 19<u>55</u>, and that death occurred at <u>12:05 P.m.</u>, from the causes and on the date stated above.	
23a. SIGNATURE Ralm Berg (Degree or title) MD		23b. ADDRESS 3203 S Grand	
23c. DATE SIGNED 4/18/55		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 4-19-1955		24c. NAME OF CEMETERY OR CREMATORY Cloverport Kentucky	
24d. LOCATION (City, town, or county) (State) Cloverport Ky Ky.		25. FUNERAL DIRECTOR'S SIGNATURE Carl Smith ADDRESS 6409 Gravois Ave	

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.....
Van M. Szymon

Licensed Embalmer No. *4343*

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.**