

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUN 14 1956

State File No. **19015**  
**1297**

BIRTH NO. _____		REG. DIST. NO. <b>317</b>		PRIMARY REG. DIST. NO. <b>541</b>		Registrar's No. <b>1297</b>	
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>			
b. CITY OR TOWN <b>Clayton</b>		c. LENGTH OF STAY (in this place) <b>DOA</b>		c. CITY OR TOWN <b>University City</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis County Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>6912 Corbitt</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Robert</b> b. (Middle) <b>Bruce</b> c. (Last) <b>Moore</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 27, 1956</b>				
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Nov. 17, 1919</b>	
9. AGE (In years last birthday) <b>36</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Representative</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Western Auto Supply</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Birmingham, Ala.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Eugene W. Moore</b>			13b. MOTHER'S MAIDEN NAME <b>Mathilda Howell</b>			14. NAME OF HUSBAND OR WIFE <b>Rosamond Moore</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>WW II 419-16-3322</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Rosamond Moore, 6912 Corbitt</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Accidental electrocution from being struck by high intensity electric current (lightning)</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>golf course</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <b>46</b> (STATE) <b>Mo.</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>May 27, 1956 5:10 p.m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Struck by lightning while walking across golf course</b>			
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 <b>Arnold J. Willmann</b> (Degree or title) <b>Coroner</b>				23b. ADDRESS <b>Clayton, Mo.</b>		23c. DATE SIGNED <b>5-29-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>5-28-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Josephs Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Bonne Terre, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>5-28-56</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Donke</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Albert H. Hoppe, 4700 Washington Blvd.</b>			

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

JUN 14 1956

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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 Stanley H. Dixon

Licensed Embalmer No. 419

P. O. Address H.L.

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.