

5. No. 300
10. 43

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 18 1956

State File No. 25396

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 1565

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton		c. CITY OR TOWN Rock Hill 4631/	
c. LENGTH OF STAY (in this place) D.O.A.		d. 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 DOA St. Louis County Hospital			
e. STREET ADDRESS (If rural, give location) 316 Eldridge			

3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH b. (Middle) HAROLD c. (Last) MOORE			4. DATE OF DEATH (Month) (Day) (Year) June 25, 1956		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Dec. 11, 1917		9. AGE (In years last birthday) 39 yrs.		10. 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) Welder & Press Operator		10b. KIND OF BUSINESS OR INDUSTRY Foundry		11. BIRTHPLACE (City and State or Foreign Country) RRI, Bevier, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Unk		13b. MOTHER'S MAIDEN NAME Unk		14. NAME OF HUSBAND OR WIFE Mary G. (nee Green)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW2		16. SOCIAL SECURITY NO. 499-05-782		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mary Moore, 316 Eldridge, Rock Hill	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) due to gunshot wound of chest.		INTERVAL BETWEEN ONSET AND DEATH
	External findings are compatible		
	DUE TO (b) with suicidal intent		
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 976X	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Affton St. Louis Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (P.M.) June 25 1956 8:00 P.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? living with brother found in garage with gun	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased live on _____, 19____, and that death occurred at **4 P.M.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ernest J. Williams Coroner		23b. ADDRESS Clayton Missouri		23c. DATE SIGNED 7/5/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-27-56		24c. NAME OF CEMETERY OR CREMATORY National Cemetery	
		24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.			

DATE REC'D BY LOCAL REG. 6-26-56		REGISTRAR'S SIGNATURE Dudert A. Dombard		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave.	
---	--	--	--	---	--

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

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 *[Handwritten Signature]*

Licensed Embalmer No. 452

P. O. Address *[Handwritten Address]*

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.