

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28871

State File No. _____

FILED SEP 6 1956

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7401**

1. PLACE OF DEATH a. COUNTY St. Louis Mo		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 township) St Louis		c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION 4441 Elmbank		e. STREET ADDRESS (If rural, give location) 4441 Elmbank	
3. NAME OF DECEASED (Type or Print) a. (First) EMMA		b. (Middle) _____	c. (Last) MOORE
4. DATE OF DEATH (Month) (Day) (Year) August 7 1956		5. SEX Female 6. COLOR OR RACE Col	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 20, Apr 1888	
9. AGE (In years last birthday) 73		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hou sewife	
11. BIRTHPLACE (City and State or Foreign Country) Bastrop La		12. CITIZEN OF WHAT COUNTRY? Yes	
13a. FATHER'S NAME Charle Robinson		13b. MOTHER'S MAIDEN NAME Mildred Kissie	
14. NAME OF HUSBAND OR WIFE Dead		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mr Henry Moore ADDRESS 4441 Elmbank	
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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Failure ANTECEDENT CAUSES DUE TO (b) Arteriosclerotic Fibillation DUE TO (c) Hypertensive Cardiovascular Disease 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 None		19b. MAJOR FINDINGS OF OPERATION Not applicable	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) Neither	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Not applicable		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis St. Louis Missouri	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Not applicable		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> Not applicable	
21f. HOW DID INJURY OCCUR? Not applicable			
22. I hereby certify that I attended the deceased from 15 July, 1956 , to 8-7, 1956 , that I last saw the deceased alive on 8-7, 1956 , and that death occurred at 7:15A m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Chas. Turner, M.D.		23b. ADDRESS 1004 So. Ewing, St. Louis	
23c. DATE SIGNED 8-9-56		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 8/10/56		24c. NAME OF CEMETERY OR CREMATORY Washington Park	
24d. LOCATION (City, town, or county) (State) St. Louis County Mo		DATE REC'D BY LOCAL REG. AUG 10 1956	
REGISTRAR'S SIGNATURE Herman J. Smith		25. FUNERAL DIRECTOR'S SIGNATURE Herman J. Smith ADDRESS 4247/w Labadie Av	

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 *W. Claude Gardner*

Licensed Embalmer No. *2487*

P. O. Address *4575 Alder*

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.