

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 30 1956

State File No. 39648
Registrar's No. 10119

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

1. PLACE OF DEATH a. COUNTY Saint 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 Saint Louis		c. CITY OR TOWN Kinloch 4091	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 2 wks		e. STREET ADDRESS (If rural, give location) 1146 Booker St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips			

3. NAME OF DECEASED (Type or Print)	a. (First) Lee	b. (Middle) Wright	c. (Last) Moore	4. DATE OF DEATH (Month) (Day) (Year) Nov 3 56
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5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 27, 1900	9. AGE (In years last birthday) 56	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hod-Carrier	10b. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (City and State or Foreign Country) Saint Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Lee Wright Moore	13b. MOTHER'S MAIDEN NAME Ada Joslin	14. NAME OF HUSBAND OR WIFE Helen G. Moore
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or date of service) 499-013002	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Helen G. Moore 1146 Booker-Kinloch
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION... DIRECTLY LEADING TO DEATH Fracture of Skull. Subdural Hemorrhage, suffered in collision between car operated by James Davis in which deceased was a passenger and car operated by one Death McCoy at intersection of Harrison and Greer Aves. about 6:30 p.m., October 21, 1956.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition listed above.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION See spec. October 21, 1956. E 816.4	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street	21c. CITY, TOWN, OR TOWNSHIP St. Louis MO (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10 21 56 5:30 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

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 James M. Keeley (Degree or title)	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 11-5-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 8, 1956	24c. NAME OF CEMETERY OR CREMATORY Washington Park Cem.	24d. LOCATION (City, town, or county) (State) Berkley, Missouri
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DATE REC'D BY, LOCAL REG. NOV 7 1956	REGISTRAR'S SIGNATURE J. Carl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Boyd Bros. Funeral Home-Kinloch, Mo.
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m. J. B. (Licensed Embalmer's Statement on Reverse Side)

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 *Edward G. Flynn*.....
Licensed Embalmer No. *4444*

P. O. 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.