

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 18 1956

State File No. **43575**  
Registrar's No. **10949**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>10949</b>							
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE				b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>				c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>310 1/2 Easton Ave.</b>				e. STREET ADDRESS (If rural, give location) <b>2170 310 1/2 Easton Avenue</b>									
3. NAME OF DECEASED (Type or Print) a. (First) <b>Sarah</b>			b. (Middle) <b>A.</b>			c. (Last) <b>Moore</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>November 27, 1956</b>				
5. SEX <b>Female</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>February 14, 1890</b>		9. AGE (In years last birthday) <b>66</b>		# UNDER 1 YEAR Months <b>9</b> Days <b>13</b>		# UNDER 10 Hrs. <b>1</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Holy Springs, Mississippi</b>				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Efe Jefferies</b>				13b. MOTHER'S MAIDEN NAME <b>L. Wilkenson</b>				14. NAME OF HUSBAND OR WIFE <b>Will H. Moore</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>				16. SOCIAL SECURITY NO. <b>?</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Christine Martin 310 1/2 Easton Avenue</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Vascular Accident (Hemorrhage)</b>								INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>			
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arterio-athero sclerotic Disease</b>								<b>3-4 years</b>			
		DUE TO (c) <b>Diabetic M. &amp; Hypertension</b>								<b>6-8 years</b>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Three previous CVAs</b>											
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>260X</b>								20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)									
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 <b>11-23 1956</b> , to <b>11-27 1956</b> , that I last saw the deceased alive on <b>11-27 1956</b> , and that death occurred at <b>4:30 P. m.</b> , from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) <b>Henry C. Suga M.D.</b>						23b. ADDRESS <b>3136 Easton</b>			23c. DATE SIGNED <b>11-30-56</b>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>12-1-56</b>		24c. NAME OF CEMETERY OR CREMATORY				24d. LOCATION (City, town, or county) (State) <b>Milan, Tennessee</b>					
DATE REC'D BY LOCAL REG. <b>NOV 30 1956</b>		REGISTRAR'S SIGNATURE <b>Paul Smith M.D.</b>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>E. B. House 1221 N. G.</b>							

WRITE PLAINLY—USING UNFAADING 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 *Malvin Blackburn*.....

Licensed Embalmer No. *346*

P. O. Address *1221 N. York*

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.