

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19084

State File No.

Registrar's No. **4513**

FILED MAY 27 1957

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No.		Registrar's No. 4513	
1. PLACE OF DEATH a. COUNTY _____				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 town) St. Louis		c. LENGTH OF STAY (in this place) DOA		c. CITY OR TOWN St. Louis		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 Lutheran Hospital				e. STREET ADDRESS (If rural, give location) 7127 05059 Raymond					
3. NAME OF DECEASED (Type or Print) a. (First) Charles		b. (Middle) W.		c. (Last) Moore		4. DATE OF DEATH (Month) (Day) (Year) May 10, 1957			
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec. 28, 1887		9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 11 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) attendant		10b. KIND OF BUSINESS OR INDUSTRY State Sanitorium		11. BIRTHPLACE (City and State or Foreign Country) Oran, Missouri		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Charlie Moore		13b. MOTHER'S MAIDEN NAME Mary A. Hayden		14. NAME OF HUSBAND OR WIFE Anna Moore					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Anna Moore, 5059 Raymond					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease							
		ANTECEDENT CAUSES cardiac failure							
		* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.							
		MORIBUND CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.							
		DUE TO (b) _____							
		DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 4200				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 4/26/57 to 5/4/57 , that I last saw the deceased alive on 5/10 , 19 57 , and that death occurred at 9:30P m., from the causes and on the date stated above.									
23a. SIGNATURE Ralph Berg (Degree or title) MD				23b. ADDRESS 3203 S Grand				23c. DATE SIGNED 5/11/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 5-12-57		24c. NAME OF CEMETERY OR CREMATORY Woodland Heights		24d. LOCATION (City, town, or county) Rector, Arkansas (State) _____			
DATE REC'D BY LOCAL REG. MAY 13 57		REGISTRAR'S SIGNATURE Paul Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE Fendler Und. Co., 7420 Michigan Ave. ADDRESS _____					

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Perry
3203 S. Grand
Pr 3-7857

JAN 22 1962

STATE OF MISSOURI
ANNA MOORE, 2052 Raymond
Mary A. Hayden
Anna Moore
State Sanitorium
Grand, Missouri
Dec. 28, 1887
W. Moore
Charles
White
Attendant
Christie Moore

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. G. Peterson*
Licensed Embalmer No. 376
P. O. Address 7420 Mich

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.