

XC-1487102
SL 17666

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-030774
STATE FILE NUMBER
8330

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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, give TOWNSHIP only) OR TOWN 915 N.GRAND ST.LOUIS, MO.		c. CITY OR TOWN ST. LOUIS	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
35 FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL		Length of stay in 1b 3 days	
d. STREET ADDRESS 2199		(If outside, give location) 4300 MARYLAND APT. 3	
Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED First Middle Last HAROLD J. MOORE			4. DATE OF DEATH Month Day Year 8-27-58
5. SEX MALE <input checked="" type="checkbox"/>	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 5/21/93
9. AGE (In years last birthday) 65		10. UNDER 1 YEAR Months Days	11. UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BARTENDER		10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN	11. BIRTHPLACE (City and state or country) ST. LOUIS, MISSOURI
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME JAMES L. MOORE		13b. MOTHER'S MAIDEN NAME ROSE MORAN	14. NAME OF HUSBAND OR WIFE ESTHER MOORE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/>		16. SOCIAL SECURITY NO. WH-1	17. INFORMANT Address VAH RECORDS 915 N.GRAND ST.LOUIS, MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia DUE TO (b) Mestatic renal carcinoma Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (c) 180x PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a).			INTERVAL BETWEEN ONSET AND DEATH 3 days 8 yrs.
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 2	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. attended the deceased from 8/24/58 to 8-27-58 and last saw him alive on 8-27-58 Death occurred at 4:45 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) MOYDELL GUIDGERE D.M.D.		22b. ADDRESS VAH ST. LOUIS, MISSOURI	
22c. DATE SIGNED 8-27-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 8/29/'58	
23c. NAME OF CEMETERY OR CREMATORY Nat. Cem. Jeff. Brks. Mo.		23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
24. FUNERAL DIRECTOR ADDRESS MOYDELL FUNERAL HOME-1926 ALLEN		25. DATE RECD. BY LOCAL REG. AUG 28 '58	
26. REGISTRAR'S SIGNATURE J. Earl Smith M.D. S.P.			

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Reinhold K. Lehman*

Licensed Embalmer No. *3395*

P. O. Address *St Louis 4, MO*

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.