

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-041998

STATE FILE NUMBER

FILED NOV 21 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10731

X
300
1-57

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 St. Louis, Missouri.		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"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Enroute City Hospital		d. STREET ADDRESS (If outside, give location) 2219 2226 Olive Street.	
Length of stay in 1b		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Lawrence Sidney Moore			4. DATE OF DEATH Month Day Year November 7, 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH February 15, 1884
9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Boiler Laborer		10b. KIND OF BUSINESS OR INDUSTRY Oil Industry	11. BIRTHPLACE (City and state or country) Hope, Arkansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME James A. Moore	
13b. MOTHER'S MAIDEN NAME Ellen Beasley		14. NAME OF HUSBAND OR WIFE Aurelia Moore	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No Nil		16. SOCIAL SECURITY NO. 429-07-8147	17. INFORMANT Address Mrs. Edith Sanders, 6425 Northeast Pacific
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Internal Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Compound Comminuted Fracture of the left leg and also a fracture of right arm above the elbow. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Support under strain by			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II, if item 18.) Truck operated by one, slipped & fell at 17th and Chestnut Sts. about 8:45 am, Nov 7 1958.	
20c. TIME OF INJURY Hour Month, Day, Year 10:45 a.m. 11 7 58		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 25 Street	
20e. CITY, TOWN, OR LOCATION St. Louis Mo.		20f. COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i>		22b. ADDRESS 1300 Clark	
22c. DATE SIGNED 11/8/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 11-8-58	
23c. NAME OF CEMETERY OR CREMATORY Local		23d. LOCATION (City, town, or county) (State) Portland, Oregon	
24. FUNERAL DIRECTOR Albert H. Hoppe, 4700 Washington Blvd.		25. DATE RECD. BY LOCAL REG. NOV 8 58	
26. REGISTRAR'S SIGNATURE <i>[Signature]</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

VS

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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 *Melvin L. Kemper*

Licensed Embalmer No. *4905-2*

P. O. Address *Washington*

St. Louis, 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.