Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-042000
STATE FILE NUMBER

FILED DEC 9 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11556

1. PLACE OF DEATH a. COUNTY: Saint Louis	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY:
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Saint Louis — Inside Limits: Yes ☐ No ☐	c. CITY OR TOWN: Saint Louis — Inside Limits: Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 01 738 N. Euclid — Length of stay in 1b:	d. STREET ADDRESS (If outside, give location): 2129 738 N. Euclid Avenue — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Louise	Middle:	Last: Moore	4. DATE OF DEATH Month Day Year: November 25, 1958
5. SEX: Female 3	6. COLOR OR RACE: Negro	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐	8. DATE OF BIRTH: September 3, 1885
9. AGE (In years last birthday): 73	IF UNDER 1 YEAR: Months 2 Days 22	IF UNDER 24 HRS.: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (City and state or country): Mississippi	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME: Jeff Denkins	13b. MOTHER'S MAIDEN NAME: Unknown	14. NAME OF HUSBAND OR WIFE: Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT: Rosie McConley	Address: 738 N. Euclid Avenue

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a): Chronic Myo-Cardite, Pyelitis, Chronic

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Rheumatism, Nurses, Arthritis

DUE TO (c): 422.2

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 1

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Sept. 1957, to Nov. 25 and last saw her/him alive on Nov 24-58
Death occurred at 738 N. Euclid m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J. Earl Smith MD	22b. ADDRESS: 3000 E Easton	22c. DATE SIGNED: DEC 1 '58

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE: 12-1-1958	23c. NAME OF CEMETERY OR CREMATORY: Greenwood Cemetery	23d. LOCATION (City, town, or county) (State): St Louis, Missouri
24. FUNERAL DIRECTOR: E Koonce	ADDRESS: 1221 N. Grand	25. DATE RECD. BY LOCAL REG.: 12-1-1958	26. REGISTRAR'S SIGNATURE: J Earl Smith MD MDB

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Blackburn

Licensed Embalmer No. 3962

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.