

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-042001

STATE FILE NUMBER

52.5  
FILED NOV 20 1958

Registration District No.

318

Primary Registration District No.

1008

Registrar's No.

10665

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		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION 01/ 4239, A DELMAR		Length of stay in 1b 3 Months 2/95		d. STREET ADDRESS (If outside, give location) 4239, A. DELMAR BLVD		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last TIMOTHY TAYLOR MOORE				4. DATE OF DEATH Month Day Year II -- 3 -- 1958			
5. SEX MALE 2	6. COLOR OR RACE COL.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 7 -- 15 -- 1958		9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months 3 Days 19 Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT		10b. KIND OF BUSINESS OR INDUSTRY <del>DOMESTIC SERVICE</del>		11. BIRTHPLACE (City and state or country) ST. LOUIS MISSOURI 0		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME FREDERICK M. MOORE			13b. MOTHER'S MAIDEN NAME MARTHA TAYLOR			14. NAME OF HUSBAND OR WIFE *****	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NONE		16. SOCIAL SECURITY NO. ?		17. INFORMANT Martha Moore 4239, A DELMAR BLVD.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hydrocephalus						INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		3441			
		DUE TO (c)					
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
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.)				
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>John Houston</i> (Degree of relationship) 3				22b. ADDRESS 1300 Clark		22c. DATE SIGNED 11/15/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 11/2/58	23c. NAME OF CEMETERY OR CREMATORY WASHINGTON PARK CEMETERY		23d. LOCATION (City, town, or county) (State) ST. LOUIS, MISSOURI		
24. FUNERAL DIRECTOR <i>John Houston</i>			ADDRESS 2812, THOMAS STREET		25. DATE RECD. BY LOCAL REG. NOV 6 '58		26. REGISTRAR'S SIGNATURE <i>Charles Smith MD</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

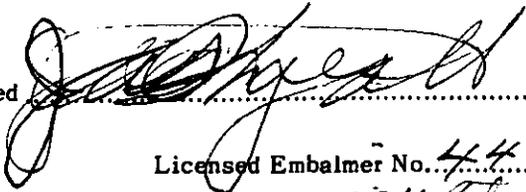
MEDICAL CERTIFICATION

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  .....

Licensed Embalmer No. 4441 .....

P. O. Address 2812 Thomas .....

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.