

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046074

STATE FILE NUMBER

11882

FILED DEC 22 1958

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

300
1-57

1. PLACE OF DEATH a. COUNTY		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 Nov. 6, 1897		9. AGE (In years last birthday) 61		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 4128 Shenandoah Ave.		(If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP. #1.		Length of stay in lb #1.		3. NAME OF DECEASED (Type or print) First Middle Last GRANVELL P. MOORE		4. DATE OF DEATH Month Day Year DEC. 8, 1958									
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dairy worker		10b. KIND OF BUSINESS OR INDUSTRY St. Louis Dairy Co.		11. BIRTHPLACE (City and state or country) Marion, Kentucky		12. CITIZEN OF WHAT COUNTRY? U.S.A.									
13a. FATHER'S NAME Robert Moore		13b. MOTHER'S MAIDEN NAME Mary Platt		14. NAME OF HUSBAND OR WIFE Merle											
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 490-03-4508		17. INFORMANT Faith Denbeaux		Address 4128 Shenandoah Ave.									
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Rheumatic Heart Disease in aortic</i>		DUE TO (b) <i>stenosis & insufficiency.</i>		DUE TO (c) <i>congestive Heart Failure.</i>		INTERVAL BETWEEN ONSET AND DEATH									
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? 1 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>									
20a. ACCIDENT <input 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 of item 18.) 411X													
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 <u>12/3/58</u> to <u>12/8/58</u> and last saw her alive on <u>12/8/58</u> Death occurred at <u>12:04 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE <i>Martin H Meyer M.D.</i>		(Degree or title)		22b. ADDRESS 1515 LAFAYETTE AVE		22c. DATE SIGNED 12/8/58									
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 12-11-58		23c. NAME OF CEMETERY OR CREMATORY Lakewood Park Cemetery		23d. LOCATION (City, town, or county) St. Louis Co., Mo.									
24. FUNERAL DIRECTOR Bull-Campbell Mortuary		ADDRESS 5165 Delmar		25. DATE RECD. BY LOCAL REG. DEC 10 '58		26. REGISTRAR'S SIGNATURE <i>J. Carl Smith M.D.</i>									

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

11887

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 *Lawrence Gurling*

Licensed Embalmer No. *4979*

P. O. Address *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.