THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-003299
STATE FILE NUMBER

FILED FEB 3 1959 Registration District No. ..... Primary Registration District No. ..... Registrar's No. 2 580

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes X No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Little Rock Hospitals, Inc. — Length of stay in 1b 2 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

c. CITY OR TOWN St. Louis — Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) 3515 "A" Paris — Reside on Farm Yes ☐ No ☐

2109

3. NAME OF DECEASED (Type or print) First Archie Middle - Last Moore

4. DATE OF DEATH Month Jan. Day 14, Year 1959

5. SEX Male 2

6. COLOR OR RACE Colored

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ / DIVORCED ☐

8. DATE OF BIRTH Dec. 12, 1898

9. AGE (In years last birthday) 60 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY Steel Foundry

11. BIRTHPLACE (City and state or country) MO

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME LEE MOORE

14. MOTHER'S MAIDEN NAME 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. 495-09-9543

17. INFORMANT Address TRUDY M. MOORE 3515. PARIS

MEDICAL CERTIFICATION

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

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Edema — INTERVAL BETWEEN ONSET AND DEATH 36 hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Metastatic Ca of Lung to brain
DUE TO (c) Carcinoma of Lung

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Metastasis to Adrenals — 163X

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐ /

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 5 Jan 59, to Jan. 14, 1959 and last saw her/him alive on Jan. 14, 1959
Death occurred at 8:30 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. R. Criscione MD

22b ADDRESS 1755 South Grand Blvd

22c. DATE SIGNED 1-15-59

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL

23b DATE 1-19-59

23c. NAME OF CEMETERY OR CREMATORY WASHINGTON PARK

23d. LOCATION (City, town, or county) (State) ST LOUIS COUNTY MO

24 FUNERAL DIRECTOR ADDRESS PRICE BENEVOLENT ORDER OF FRIEND 2829 WASHINGTON

25. DATE RECD. BY LOCAL REG. JAN 17 '59

26. REGISTRAR'S SIGNATURE J. Earl Smith MD acm

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Edward A. Flynn

Licensed Embalmer No. 4

P. O. Address 4202 F

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.