

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-007478

STATE FILE NUMBER

2 1394

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, give TOWNSHIP only)
St. Louis
Inside Limits Yes No
c. CITY OR TOWN St. Louis
Inside Limits Yes No
c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Chronic Hosp.
Length of stay in lb 6 mo.
d. STREET ADDRESS 604 Chestnut St.
Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
Frank Moss 2-3-59

5. SEX male 6. COLOR OR RACE white 7. MARRIED NEVER MARRIED
WIDOWED DIVORCED 8. DATE OF BIRTH February 22, 1879 9. AGE (In years last birthday) 79
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) Unknown 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and state or country) N.Y. 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Unknown 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Unavailable

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. Unknown 17. INFORMANT St. Louis Chronic Hospital Records Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Coronary Occlusion INTERVAL BETWEEN ONSET AND DEATH stat
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Atherosclerotic Heart Disease 6 mo.
DUE TO (c) Generalized Arteriosclerosis 6 mo.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Adenocarcinoma of Breast - 6 mo.

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.) 4200H

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

20d. INJURY OCCURRED WHILE AT 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 7-24-58 to 2-3-59 and last saw her alive on 2-3-59
Death occurred at 10:20 a.m. _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John W. Beckham, M.D. 22b. ADDRESS 5800 Arsenal 22c. DATE SIGNED 2/3/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 2-10-59 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery 23d. LOCATION (City, town, or county) (State) St. Louis, Mo.

24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe, 4700 Washington Blvd. 25. DATE RECD. BY LOCAL REG. FEB 9 '59 26. REGISTRAR'S SIGNATURE Road Smith, M.D.

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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. Kessner*

Licensed Embalmer No. *405-2*

P. O. Address *4911 W. Broadway
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.