

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-015451

STATE FILE NUMBER 23537
Registration District No. _____ Primary Registration District No. _____ Registrar No. _____

300
-57
7
392
0

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis,** Inside Limits Yes No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **St. Louis Chronic Hosp. 5-Mo-22days** Length of stay in 1b _____ d. STREET ADDRESS (If outside, give location) **6974 Winona** Reside on Farm Yes No

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

3. NAME OF DECEASED (Type or print) First **Charles** Middle _____ Last **Moor.** **4. DATE OF DEATH** Month **April** Day **7,** Year **1959**

5. SEX **Male.** **6. COLOR OR RACE** **White** **7. MARRIED** NEVER MARRIED **WIDOWED** **DIVORCED** **8. DATE OF BIRTH** **Nov. 18, 1878** **9. AGE** (In years last birthday) **80** **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) **Retired Machinist** **10b. KIND OF BUSINESS OR INDUSTRY** _____ **11. BIRTHPLACE** (City and state or country) **Maotague, Texas** **12. CITIZEN OF WHAT COUNTRY?** **U. S.**

13a. FATHER'S NAME **George M. Moor** **13b. MOTHER'S MAIDEN NAME** **Nancy Payne** **14. NAME OF HUSBAND OR WIFE** **Mary Moor**

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.** **493-03-7086** **17. INFORMANT** **William L. Walker, Ferguson, Mo.** 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) **Anterior Myocardial Infarct.** INTERVAL BETWEEN ONSET AND DEATH **2 mo.**
DUE TO (b) **Arteriosclerotic 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) **Multiple Decubiti - 2 ulcers.** **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.) **420.0**

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

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 **Oct. 16, 1958** to **April 7, 1959** and last saw her/him alive on **April 7, 1959**
Death occurred at **12,30 P.M.** _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **John W. Beckham, M.D.** **22b. ADDRESS** **5800 Arsenal** **22c. DATE SIGNED** **4/7/59**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** **23b. DATE** **4-10-59** **23c. NAME OF CEMETERY OR CREMATORY** **Oak Hill Cemetery** **23d. LOCATION** (City, town, or county) **Kirkwood, Mo.** (State) _____

24. FUNERAL DIRECTOR **White-Mullen Mortuary, Ferguson, Mo.** ADDRESS _____ **25. DATE RECD. BY LOCAL REG.** **APR 9 '59** **26. REGISTRAR'S SIGNATURE** **Mr. Earl Smith, M.D.**

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 *Reinhold K. Lohman*

Licensed Embalmer No. *3395*
P. O. Address *St. Louis 21*

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.