

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-026980

STATE FILE NUMBER  
26114

FILED JUL 17 1959

Registration District No. Primary Registration District No.

Registrar's No.

300  
1-57  
C

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Mo.		c. CITY OR TOWN Clayton	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Lukes Hosp.		d. STREET ADDRESS (If outside, give location) b 150 No. Brentwood	
3. NAME OF DECEASED (Type or print) First Middle Last CHESTER A. MORE		4. DATE OF DEATH Month Day Year June 27 1959	
5. SEX Male	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 April 14 1892
9. AGE (In years last birthday) 67		10. F UNDER 1 YEAR Months Days	11. IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Shoe Bus.	11. BIRTHPLACE (City and state or country) Patterson N. J.
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Archie More	
13b. MOTHER'S MAIDEN NAME Charlotte Ritchie		14. NAME OF HUSBAND OR WIFE Blanche More	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs Chester A More 150 No. Brentwood		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) <i>Acute heart dilatation</i> DUE TO (b) <i>Lymphoma - Retenulum Cell Type</i> DUE TO (c) <i>1 year?</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>2000</i>			INTERVAL BETWEEN ONSET AND DEATH
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 <i>Oct 1928</i> to <i>June 27-1959</i> and last saw <sup>her</sup> alive on <i>June 27, 1959</i> Death occurred at <i>12 noon</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Thomas D. Thompson M.D.</i>		22b. ADDRESS <i>634 No. Grand Blvd.</i>	
22c. DATE SIGNED <i>June 28, 1959</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	23b. DATE June 30 1959	23c. NAME OF CEMETERY OR CREMATORY O. G. Crem/	23d. LOCATION (City, town, or county) (State) St Louis Co. Mo.
24. FUNERAL DIRECTOR C. R. Lupton and Sons 7233 Delmar		25. DATE RECD. BY LOCAL REG. JUN 24 59	26. REGISTRAR'S SIGNATURE <i>W.P. Carl Smith, M.D.</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

ALL diseases in Part I must be causally related.

MON. P.M.

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 .. *Arnold W. Schoene*

Licensed Embalmer No. *3864*

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.