

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.		Length of stay in 1b 7 DAYS	c. CITY OR TOWN PACIFIC	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP. #1.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 500 SECOND STREET	
Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First	Middle	Last	Month	Day
EDWARD MOORE			AUG. 6, 1959	

5. SEX MALE	6. COLOR OR RACE NEGRO	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/3/04	9. AGE (last birthday) 55	IF UNDER 1 YEAR	IF UNDER 24 HR
					Months	Days
					Hours	Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER CRUSHER		10b. KIND OF BUSINESS OR INDUSTRY BIMSTONE CO		11. BIRTHPLACE (City and state or country) LABADIE MO		12. CITIZEN OF WHAT COUNTRY U.S.A.	
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13a. FATHER'S NAME WALLACE MOORE		13b. MOTHER'S MAIDEN NAME CAROLINE BROWN		14. NAME OF HUSBAND OR WIFE CATTIE MOORE	
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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. 499-12-4148	17. INFORMANT Address MR GEORGE HINKLE 218 Aldridge			
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)		Cardiac Arrest	
DUE TO (b)		Unknown Cause	
DUE TO (c)		433.0	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Psychotic Depression			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? 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.)		
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20c. TIME OF INJURY	Hour	Month, Day, Year				
	a.m.					
	p.m.					

20d. INJURY OCCURRED 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 7/31/59	to	8/6/59	and last saw her/him alive on	8/6/59	
Death occurred at 9:43 A.M.	m	on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title) Ralph L. Biddy M.D.		22b. ADDRESS 1515 LAFAYETTE AVE		22c. DATE SIGNED 8/6/59	
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 8/13/59	23c. NAME OF CEMETERY OR CREMATORY 1st Calvary	23d. LOCATION (City, town, or county) (State) Robertsville Missouri		
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24. FUNERAL DIRECTOR J. J. Wendell & Sons 1776. Kellomole	25. DATE RECD. BY LOCAL REG. AUG 12 '59	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.			
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DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

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

Frederick J. Yanda

Licensed Embalmer No. 424

P. O. Address 1306 Eldred

Wabster St

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.