

**U.S. DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-034118**

**FILED VS SEP 29 1959**

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. **2 8592**

ENDED

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in 1b		c. CITY OR TOWN <b>St. Louis</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Homer G. Phillips</b>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <b>5600 Acorn St. Chronic Hospital</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>Florence</b> Middle Last <b>Moore</b>			4. DATE OF DEATH Month <b>9</b> Day <b>15</b> Year <b>59</b>						
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan. 1891</b>	9. AGE (last birthday) <b>68</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (City and state or country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>			
13a. FATHER'S NAME <b>Arthur Johnson</b>			13b. MOTHER'S MAIDEN NAME <b>Mary ?</b>		14. NAME OF HUSBAND OR WIFE <b>Joseph Moore</b>				
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. <b>none</b>		17. INFORMANT Address <b>Maude Ragsdale, 4440 Evans</b>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Adenocarcinoma of the Left Breast with Metastasis</b> CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (b) DUE TO (b) stating the underlying cause (c) DUE TO (c) <b>170x</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Intestinal Obstruction</b>						INTERVAL BETWEEN ONSET AND DEATH			
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.)					
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>							
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE			
21. I attended the deceased from <b>9-14-59</b> <b>2:45 P.M.</b> to <b>9-15-59</b> and last saw her alive on <b>9-15-59</b> Death occurred at <b>12:16</b> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.				22a. SIGNATURE (Degree or title) <b>D.O. Richard M.D.</b>				22b. ADDRESS <b>2601 N. Whittier St.</b>	
22c. DATE SIGNED <b>9-16-59</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>9/19/59</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Father Dickson Cemetery</b>			
23d. LOCATION (City, town, or county) <b>Kirkwood, Mo.</b>		23e. STATE <b>Mo.</b>		24. FUNERAL DIRECTOR <b>Charles J. Gates, 4107 Finney Ave.</b>		25. DATE RECD. BY LOCAL REG. <b>SEP 17 1959</b>			
26. REGISTRAR'S SIGNATURE <b>Roan Smith, M.D.</b>									

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 Hutton Swan

Licensed Embalmer No. 4580

P. O. Address 4107 Finney Av

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.