

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 5 7 4 7

FILED VS JAN - 4 1960

211699

STATE FILE NUMBER

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

ENDED

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.		c. CITY OR TOWN ST. LOUIS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION INCARNATE WORD HOSP.		d. STREET ADDRESS (If outside, give location) 2304 So. 11th ST.	

3. NAME OF DECEASED (Type or print) First Middle Last CLARENCE MOORE			4. DATE OF DEATH Month Day Year DEC 15 1959			
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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 JULY 16 1912	9. AGE (last birthday) 47	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCK DRIVER	10b. KIND OF BUSINESS OR INDUSTRY PARK TRANSPORTATION	11. BIRTHPLACE (City and state or country) RECTOR, ARK.	12. CITIZEN OF WHAT COUNTRY U-S-A
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13a. FATHER'S NAME CHARLES MOORE	13b. MOTHER'S MAIDEN NAME ANNA MCABEE	14. NAME OF HUSBAND OR WIFE CARMEN 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. -	17. INFORMANT Address CARMEN MOORE 2304 So 11th ST
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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: IMMEDIATE CAUSE (a) Pneumonia Bronchial		INTERVAL BETWEEN ONSET AND DEATH 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cirrhosis of liver		Unknown
DUE TO (c) 581.1		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 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 bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from Feb 25-59 to Dec 15-59 and last saw ^{him} alive on Dec 15-1959 Death occurred at 3:15 AM on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree* or title) Edward H. Ribbons M.D.	22b. ADDRESS 3606 Gravois	22c. DATE SIGNED 12-16-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE DEC 17 1959	23c. NAME OF CEMETERY OR CREMATORY MOUNT HOPE CEM.	23d. LOCATION (City, town, or county) (State) ST. LOUIS MO
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24. FUNERAL DIRECTOR ADDRESS Thomas Kutis 2906 Gravois	25. DATE RECD. BY LOCAL REG. DEC 17 1959	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 Eleana Province

Licensed Embalmer No. 3403

P. O. Address 2906 Jova

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.