URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-008637

FILED VS MAR 8 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 2358 STATE FILE NUMBER

NDED

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 4215 E. Labadie
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 4215 E. Labadie
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Gertrude; Middle: ; Last: Moore

4. DATE OF DEATH: Month: February; Day: 25; Year: 1960

5. SEX: Female

6. COLOR OR RACE: Negro

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 3/4/1889

9. AGE (last birthday): 70

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): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (City and state or country): Mississippi

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: Unknown

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE: Lee Moore

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.: None

17. INFORMANT: Ruth Taylor Address: 3131 Rolla Place

MEDICAL CERTIFICATION

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)	Cerebrovascular accident	7 days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Hypertensive heart disease	5 yrs.
DUE TO (c)	Atteriosclerosis 443x	10 yr.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Hypostatic pneumonia

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☒ Unknown

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.)

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

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 1/1955, to 2/25/60 and last saw her/him alive on 2/17/60
Death occurred at 2/25/60 7:55 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: John F. Brown (Degree or title) MD

22b. ADDRESS: 4242 Easton Ave.

22c. DATE SIGNED: 2/27/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 3/2/60

23c. NAME OF CEMETERY OR CREMATORY: Father Dickson

23d. LOCATION (City, town, or county) (State): St. Louis County, Missouri

24. FUNERAL DIRECTOR: E. B. Koonce ADDRESS: 1221 North Grand

25. DATE RECD. BY LOCAL REG.: FEB 29 1960

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Melvin Blackhurst

Licensed Embalmer No. 3962

P. O. Address 1221 N.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.