RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS DEC 7 1960

Registrar's District No. 318 Primary Registration District No. 1003 Registrar's No. 11516

60-043981
STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis, Mo.
Length of stay in 1b: 1 mo. 13 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Louis State Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY
c. CITY OR TOWN: St. Louis
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 5433 Page Blvd.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: ROY; Middle:; Last: MOORE

4. DATE OF DEATH: Month: Nov.; Day: 26,; Year: 1960

5. SEX: Male

6. COLOR OR RACE: Negro

7. Married ☐ Never Married ☐ Widowed ☐ Sep Divorced ☐

8. DATE OF BIRTH: 6-24-25

9. AGE (last birthday): 35 yrs.

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): formerly: Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Steel foundry

11. BIRTHPLACE (City and state or country): Covington, Tenn.

12. CITIZEN OF WHAT COUNTRY:

13a. FATHER'S NAME: Roy Moore, Sr.

13b. MOTHER'S MAIDEN NAME: Alice (Fields)

14. NAME OF HUSBAND OR WIFE: Jessie May (Myers)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): U.S.M.C. 1952

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT: Alice Moore Address: 5433 Page Blvd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Multiples pulmonary abscesses
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Bronchiectasis and bronchopneumonia.
DUE TO (c): 526X

INTERVAL BETWEEN ONSET AND DEATH:

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. ☐ 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 Oct. 13, 1960, to Nov. 26, 1960 and last saw him alive on Nov. 26, 1960
Death occurred at 2:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C. A. Valtierra M.D.

22b. ADDRESS: 5400 Arsenal St.

22c. DATE SIGNED: 11-27-60

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

23b. DATE: 12-Feb 0

23c. NAME OF CEMETERY OR CREMATORY: National Cemetery JB

23d. LOCATION (City, town, or county) (State): Jefferson Barracks, Mo.

24. FUNERAL DIRECTOR ADDRESS: Reliable Funeral Sys. 1389 Union

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

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

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 Clarence Gradu

Licensed Embalmer No. 4755

P. O. Address 1389 N Ul

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