

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-043987
STATE FILE NUMBER

FILED VS DEC 2 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11330

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 <u>St. Louis</u>		a. STATE <u>Missouri</u> b. COUNTY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Homer G. Phillips</u>		c. CITY OR TOWN <u>St. Louis</u>	
Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <u>4607 Enright</u>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Eliza</u> Middle Last <u>Moses</u>			4. DATE OF DEATH Month <u>11</u> Day <u>22</u> Year <u>60</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-4-23</u>	9. AGE (last birthday) <u>37</u>	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) <u>HOUSE WIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>ALA</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>
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13a. FATHER'S NAME <u>UNKNOWN</u>	13b. MOTHER'S MAIDEN NAME <u>VIOLA BELL</u>	14. NAME OF HUSBAND OR WIFE <u>NATHANIEL MOSES</u>
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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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>494-28-4755</u>	17. INFORMANT Address <u>NATHANIEL MOSES 4607 ENRIGHT</u>
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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) <u>Carcinoma of Cervix</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</u>
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Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)
DUE TO (c) 171x

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 <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 <u>9-30-60</u> to <u>11-22-60</u> and last saw her ^{her} ₁₉₆₀ alive on <u>11-22-60</u> Death occurred at <u>4:35</u> p. m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>[Signature]</u> (In full or title)	22b. ADDRESS <u>2601 N. Whittier St.</u>	22c. DATE SIGNED <u>11-23-60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>11-29-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>FATHER DICKSON</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis, Co. Mo.</u>
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24. FUNERAL DIRECTOR <u>S.W. ANDERSON</u> ADDRESS <u>4481 FINNEY AVE</u>	NOTE RECD. BY LOCAL REG. <u>NOV 25 1960</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>
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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 _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John K. Cunningham

Licensed Embalmer No. 44

P. O. Address 2405 Mc

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.