

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-011290

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2381

STATE FILE NUMBER

1. PLACE OF DEATH  
 a. COUNTY St. Clair  
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN ST LOUIS, MO Length of stay in lb 17 days  
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION MISSOURI BAPTIST Inside Limits Yes  No   
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Ill. b. COUNTY Madison  
 c. CITY OR TOWN Edwardsville Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 726 Voge Ave. Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First RALPH Middle EMERY Last MOORE, SR 4. DATE OF DEATH Month March Day 10 Year 1961  
 5. SEX MALE 6. COLOR OR RACE WHITE 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH 11-20-00 9. AGE (last birthday) 60 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR Hours Min.  
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Welder 10b. KIND OF BUSINESS OR INDUSTRY Steel Co. Granite City 11. BIRTHPLACE (City and state or country) Brunswick, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.  
 13a. FATHER'S NAME Luell Moore 13b. MOTHER'S MAIDEN NAME Mandy Hagler 14. NAME OF HUSBAND OR WIFE widowed

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 17. INFORMANT Address Ralph E. Moore, Edwardsville, Ill.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) BRAIN TUMOR, METASTATIC INTERVAL BETWEEN ONSET AND DEATH 3 MONTHS  
 DUE TO (b) PRIMARY CARCINOMA, SITE UNKNOWN UNKNOWN  
 DUE TO (c) 193.0  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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 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 Jan 1961 to MARCH 10 and last saw her/him alive on MARCH 9, 1961  
 Death occurred at 5:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) George L. Hardswick M.D. 22b. ADDRESS 3770 Washington 22c. DATE SIGNED MARCH 11 61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 3-13-61 23c. NAME OF CEMETERY OR CREMATORY Sunset Hill 23d. LOCATION (city, town, or county) (State) Edwardsville, Ill.

24. FUNERAL DIRECTOR ADDRESS John J. Kassly, East St. Louis, Ill. 25. DATE RECD. BY LOCAL REG. MAR 11 1961 26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

**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. *Embalmed*  
Student \_\_\_\_\_, Signature of Student Embalmer *[Signature]*  
Signed *Joseph J. Kossly*

Licensed Embalmer No. *7541*

P. O. Address *St. Louis*

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.