SOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

AMENDED

FILED JUN 29 1961

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5926

-61-022943
STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY: St Louis Mo ty

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: St Louis County

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St Louis Mo
Length of stay in 1b: 2-Months

c. CITY OR TOWN: Kirkwood Mo
Inside Limits: Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Deaconess Hospital
Inside Limits: Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location): 715 Jamaica Court
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Della Middle: G. Last: Moore

4. DATE OF DEATH: Month: June Day: 24 Year: 1961

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 7/13/1880

9. AGE (last birthday): 80

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:

11. BIRTHPLACE (City and state or country): St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: John Scarry

13b. MOTHER'S MAIDEN NAME: Mary Shaunnesy

14. NAME OF HUSBAND OR WIFE: Clarence B. 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: Mr. Clarence B. Moore, 715 Jamaica Court
Address

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)	arteriosclerotic heart disease	3 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Generalized arteriosclerosis	10 yrs
DUE TO (c)	420.0	

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 11/28/60, to 6-24-61 and last saw her alive on 6-23-61
Death occurred at 7:50 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Paul T. Hartman M.D. (Degree or title)

22b. ADDRESS: 6376 Clayton Rd

22c. DATE SIGNED: 6-26-61

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

23b. DATE: 6/27/1961

23c. NAME OF CEMETERY OR CREMATORY: St. Peter Cemetery

23d. LOCATION (City, town, or county) (State): Kirkwood, Missouri

24. FUNERAL DIRECTOR: Arthur J. Donnelly ADDRESS: 3840 Lindell Blvd.

25. DATE RECD. BY LOCAL REG.: JUN 26 1961

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

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

H.E. 2-5096

Wy 3-2125

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 Francis Williams

Licensed Embalmer No. 3565

P. O. Address 3840 Li

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