

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

7871-61-930978  
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. \_\_\_\_\_

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 \_\_\_\_\_  
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP. #1 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, MO Inside Limits Yes  No   
TOWN 534 N. VANDEVENTER  
d. STREET ADDRESS (If outside, give location) 534 N. VANDEVENTER Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year  
GIESSIE MOORE 7 26 61

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. Married  Never Married  Widowed  ?? Divorced

8. DATE OF BIRTH 2/2/02 9. AGE (last birthday) 59 IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE 10b. KIND OF BUSINESS OR INDUSTRY NONE 11. BIRTHPLACE (City and state or country) ST. LOUIS, MO 12. CITIZEN OF WHAT COUNTRY U.S.A

13a. FATHER'S NAME JOHN Taylor 13b. MOTHER'S MAIDEN NAME NELLIE ?? 14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or date of service) NO 16. SOCIAL SECURITY NO. NONE 17. INFORMANT Address ST. LOUIS CITY HOSP. #1.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Carcinoma of esophagus INTERVAL BETWEEN ONSET AND DEATH 6 mo  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) \_\_\_\_\_  
DUE TO (c) 150x

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 7/5/61, to 7/26/61 and last saw <sup>her</sup>him alive on 7/26/61  
Death occurred at 6:00 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Paul N Meiners M.D. 22b. ADDRESS 1515 LAFAYETTE AVE 22c. DATE SIGNED 8/26/61

23a. BURIAL, CREMATION, REMOVAL (Specify) AUG 31 1961 23b. NAME OF CEMETERY OR CREMATORY Anatomical Board 23c. LOCATION (City, town, or county) (State) St. Louis, Mo.

24. FUNERAL DIRECTOR'S NAME Rowland-Aker Mortuary Service ADDRESS 4016 Manchester Ave. St. Louis 10, Mo. 25. DATE RECD. BY LOCAL REG. AUG 24 1961 26. REGISTRAR'S SIGNATURE Paul Smith, M.D.

DATE AMENDED \_\_\_\_\_  
INSTEAD OF \_\_\_\_\_  
DOCUMENT \_\_\_\_\_  
MEDICAL CERTIFICATION \_\_\_\_\_  
SHOULD READ \_\_\_\_\_  
BY AFFIDAVIT OF \_\_\_\_\_

OCT 4 1961

### 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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.