

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-008482

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318**  
FILED FEB 16 1962

Primary Registration District No. **1003**

Registrar's No. **1615**

STATE FILE NUMBER

VS 300  
A Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>D.O.A. City Hosp.#2</b>		d. STREET ADDRESS (if outside, give location) <b>1720 N. Grand</b>	
3. NAME OF DECEASED (Type or print) <b>William H. Moore</b>		4. DATE OF DEATH <b>Feb. 5 -62</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8-4-35</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>State Line, Miss</b>
13a. FATHER'S NAME <b>J.L. Moore</b>		14. NAME OF HUSBAND OR WIFE <b>Single</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes, Korea</b>		17. INFORMANT <b>J. C. Moore 1720 Grand</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <b>Massive intra-thoracic hemorrhage. Contusion, penetrating stab wound of the heart, suffered when stabbed with knife in hands of one Earline Whitner in home at 1720 N. Grand about 2:12 a.m. February 4, 1962.</b> Conditions, many, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>982x</b> <b>see above</b>	
20c. TIME OF INJURY <b>2:12 a.m.</b>	Month, Day, Year <b>2-4-62</b>	20f. CITY, TOWN, OR LOCATION <b>St. Louis, Mo</b>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	20f. CITY, TOWN, OR LOCATION <b>St. Louis, Mo</b>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Joseph M. Queen</b>		22b. ADDRESS <b>1300 Clark</b>	
22c. DATE SIGNED <b>2-7-62</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>1-7-1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mobile Alabama</b>	23d. LOCATION (City, town, or county) (State) <b>Alabama, Mobile</b>
24. FUNERAL DIRECTOR <b>Reliable Funeral Sys. 1389 Union</b>		25. DATE RECD. BY LOCAL REG. <b>FEB 7 1962</b>	26. REGISTRAR'S SIGNATURE <b>Roal Smith, M.D.</b>

USE BLACK INK OR TYPEWRITER RIBBON

**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

*Lawrence Sredens*

Licensed Embalmer No. 4755

P. O. Address

1389 Union

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.