# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-026720
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1771

FILED JUN 17 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 4000
2 22 19
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4 3
5 1
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9 332X
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41

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KOCH
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: ROBT. KOCH HOSP.
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY:
c. CITY OR TOWN: ST. LOUIS
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 2658 a. DELMAR
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First EMMA Middle Last MOORE

4. DATE OF DEATH: Month JUNE Day 1 Year 1963

5. SEX: FEMALE
6. COLOR OR RACE: NON-WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2-12-88
9. AGE (last birthday): 75 YRS.
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): NIL
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and state or country): MISSISSIPPI
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: RICHARD LONG
13b. MOTHER'S MAIDEN NAME: LYDIA ?
14. NAME OF HUSBAND ~~OR WIFE~~: JOHN MOORE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of serv
16. SOCIAL SECURITY NO.:
17. INFORMANT: ROBT. KOCH HOSP. RECORD, Address: KOCH, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): CEREBRAL THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: 5 days ?
Conditions, if any, 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? ☐ 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 12-11-62, to JUNE 1/63 and last saw her alive on JUNE 1/63
Death occurred at 12:35 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Bernard Friedman, M.D.
22b. ADDRESS: Koch Hop., Koch Mo.
22c. DATE SIGNED: 6-1-63

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: 6-5-63
23c. NAME OF CEMETERY OR CREMATORY: NATIONAL CEMETERY
23d. LOCATION (City, town, or county) (State): JEFFERSON BARRACKS, MO

24. FUNERAL DIRECTOR: A.F. WALTON
ADDRESS: 2707 Stoddard
25. DATE RECD. BY LOCAL REG.: 6-4-63
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

**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 W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 1123 N. Taylor

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.