

CERTIFICATE OF DEATH

Registration District No. 317 Primary Registration District No. 546 Registrar's No. 2479

DO NOT WRITE ON THIS STUB

VS 300  
 Rev. 1/70

DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. Della B. Moore		2. Female	3. June 7, 1971
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. I SPECIFY <u>White</u>		AGE—LAST BIRTH (YEARS) 4. <u>91</u>	DATE OF BIRTH (MONTH, DAY, YEAR) 5. <u>Feb. 9, 1880</u>
CITY, TOWN, OR LOCATION OF DEATH 6. <u>Overland</u>		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7. <u>Lackland Nursing Home 9561 Lackland Rd.</u>	COUNTY OF DEATH 8. <u>St. Louis</u>
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 9. <u>Mo.</u>		CITIZEN OF WHAT COUNTRY 10. <u>U.S.A.</u>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 11. <u>Widow</u>
SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 12. <u>The late George Moore</u>		SOCIAL SECURITY NUMBER 13. <u>None</u>	
USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 14. <u>At Home</u>		KIND OF BUSINESS OR INDUSTRY 15. <u>At Home</u>	
RESIDENCE—STATE 16. <u>Mo.</u>	COUNTY 17. <u>St. Louis</u>	CITY, TOWN, OR LOCATION 18. <u>St. John</u>	STREET AND NUMBER 19. <u>2636 Lyndhurst</u>
FATHER—NAME FIRST MIDDLE LAST 20. <u>Unknown</u>		MOTHER—MAIDEN NAME FIRST MIDDLE LAST 21. <u>Unknown</u>	
INFORMANT—NAME 22. <u>Dolores Walter</u>		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 23. <u>170425 Oak Ave, Overland Mo. 63114</u>	

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

DECEASED

PARENTS

CAUSE

CERTIFIER

BURIAL

PART I. DEATH WAS CAUSED BY:		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE 24. <u>Chronic Congestive Heart Failure</u>		
(a) DUE TO, OR AS A CONSEQUENCE OF:		
(b) <u>Atherosclerotic Heart Disease</u>		
(c) <u>Smoking + Malnutrition</u>		
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (G1)		AUTOPSY (YES OR NO) 25. <u>No</u>
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 26. <u>No</u>	IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS 27. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 28.	DATE OF INJURY (MONTH, DAY, YEAR) 29. <u>206.</u>	HOUR 30. <u>M. 206.</u>
INJURY AT WORK (SPECIFY YES OR NO) 31. <u>206.</u>	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 32. <u>206.</u>	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 33. <u>206.</u>
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 34. <u>11/5/70</u> TO 35. <u>6/3/71</u>	AND LAST SAW HIM/HER ALIVE ON 36. <u>6/9/71</u>	I DID/DID NOT VIEW THE BODY AFTER DEATH. 37. <u>216.</u>
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. 38. <u>226.</u>	THE PRECEDENT WAS PRONOUNCED DEAD 39. <u>226.</u>	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. 40. <u>226.</u>
CERTIFIER—NAME (TYPE OR PRINT) 41. <u>G. H. Muesen D.O.</u>	SIGNATURE 42. <u>[Signature]</u>	DEGREE OR TITLE 43. <u>D.O.</u>
MAILING ADDRESS—CERTIFIER 44. <u>315 Kings Highway</u>	STREET OR R.F.D. NO. 45. <u>ST. CHARLES</u>	CITY OR TOWN 46. <u>MO.</u>
BURIAL, CREMATION, REMOVAL (SPECIFY) 47. <u>Burial</u>	CEMETERY OR CREMATORY—NAME 48. <u>Laurel Hill Cemetery</u>	LOCATION 49. <u>St. Louis County Mo.</u>
DATE 50. <u>June 9, 1971</u>	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 51. <u>Collier Mortuary 10123 St. Charles Rd. St. Ann, Mo. 63074</u>	FUNERAL DIRECTOR—SIGNATURE 52. <u>[Signature]</u>
REGISTRAR—SIGNATURE 53. <u>[Signature]</u>	DATE RECEIVED BY LOCAL REGISTRAR 54. <u>JUN 8 1971</u>	

Type or print in PERMANENT BLACK INK. See handbook for instructions.

9. 1  
 10a. 91  
 10b. 86  
 11. 0  
 12. 2  
 13. 4123  
 14.  
 15. 4  
 16.  
 17.  
 18. 2  
 19. CREDITS  
 20.

4. 400X

5. 86

6. 4039

**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 Melton Collier

Licensed Embalmer No. 3382

P. O. Address St. Ann Mo.

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.