

APR 5 - 1939

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

12374  
Do not use this space.

REC'D APR 7 1939

#### 1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784  
 (b) Township \_\_\_\_\_ Primary Registration District No. 200 Registered No. 622  
 (c) City Wellston (d) Street No. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

#### 2. PRINT FULL NAME Leueana Moore

(a) Residence, No. 2751 Handley Rd. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

#### PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Moore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 26 - 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
54 7 10

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife  
 10. Date deceased last worked at this occupation (month and year) April 1938 11. Total time (years) spent in this occupation 31 yrs

12. BIRTHPLACE (CITY OR TOWN) Waterloo  
 (STATE OR COUNTRY) Illinois

13. NAME Leonard Schiessphard

14. BIRTHPLACE (CITY OR TOWN) Waterloo  
 (STATE OR COUNTRY) Illinois

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT (ADDRESS) J. H. Shetty  
8511 Almore W. City

18. BURIAL, CREMATION, OR REMOVAL PLACE Waterloo DATE April 5 1939

19. FUNERAL DIRECTOR (NAME) H. Greenstein  
 (ADDRESS) Waterloo, Ill.

20. FILE NO. APR 5 - 1939 J. R. Meyer Local Registrar.

#### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 5 1939

22. I HEREBY CERTIFY, That I attended deceased from 2:00, 1938, to 4-4, 1939

I last saw her alive on ?, 1939. Death is said to have occurred on the date stated above, at 5:30 AM.

The principal cause of death and related causes of importance were as follows:

Carcinoma Cervix Date of onset Feb. 38

Other contributory causes of importance:

None  
(First seen advanced stage)

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1939

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) J. W. Raley, M. D.

(Address) 4660 Maryland

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

THIS IS A PERMANENT RECORD

**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 me

....., Registered Apprentice No. ....

working under my personal supervision.

Signed Ben H. Baldwin

Licensed Embalmer No. 2420

P. O. Address St. Louis Ill.

**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 this body is not embalmed, above space should be left blank.**