

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

16549  
Do not use this space.

**1. PLACE OF DEATH**

(a) County.....*2* Registration District No.....*791*  
 (b) Township..... Primary Registration District No.....*1003*  
 (c) City.....*St. Louis* (d) Street No.....*5065 Lotus* Registered No.....*4083*  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** *200* Flora Haskell Moise

(a) Residence, No. 5065 Lotus St. 6 (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 Albert Sidney Moise  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 1 1864  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
64      9      2  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3rd 1939  
 22. I HEREBY CERTIFY That I attended deceased from June 10 1935 to May 3rd 1939  
 First saw her alive on May 3rd 1939 Death is said to have occurred on the date stated above, at 2:45A.  
 The principal cause of death and related causes of importance were as follows:  
Chr. Myocarditis  
Hypertensive Arteriosclerosis  
 Other contributory causes of importance

Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.  
 13. NAME J. V. Bonamy  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La.  
 15. MAIDEN NAME Unknown Noyes  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
 17. INFORMANT Albert S. Moise  
 (ADDRESS) 5065 Lotus  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cem. DATE May 5 1939  
 19. FUNERAL DIRECTOR (NAME) Dubmann & Harrel  
 (ADDRESS) 1905 Union Blvd  
 20. May 3 1939 *J. B. Brudick*  
 Local Registrar

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 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? no  
 If so, specify \_\_\_\_\_  
 (Signed) M. E. Stegerty, M. D.  
 (Address) Suite - 609, Century Bldg

Carver A. Carver

**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Warren A. Carver  
Licensed Embalmer No. 3534  
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 this body is not embalmed, above space should be left blank.**