

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-39  
U.S. G.P.O. 16-51111-1

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 8041  
Registrar's No. 263

Registration District No. 784

Primary Registration District No. 100

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Brentwood  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Gouldworth Convalescent Home  
(If not in hospital or institution, write street number or location) 3  
(d) Length of stay: In hospital or institution. \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town Brentwood  
(If outside city or town limits, write "RURAL")  
(d) Street No. 8900 Manchester Road  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

8. (a) PRINT FULL NAME LOUISE MOORE  
8. (b) If veteran, name war none  
8. (c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb day 6  
year 1940 hour 5 minute 15 U. M.  
21. I hereby certify that I attended the deceased from Nov-29-40  
to Feb 6, 1940  
that I last saw him alive on Jan-26, 1940  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife John Moore  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased April 3, 1843  
(Month) (Day) (Year)

Immediate cause of death Myocarditis  
Due to Senility 93 & 1  
Due to \_\_\_\_\_  
Other conditions arterio-sclerosis  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day  
96 10 3 hr. min.

Major findings: no operations  
Of operations \_\_\_\_\_  
Of autopsy no  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

9. Birthplace St. Louis County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Thomas Murphy  
13. Birthplace unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Beery  
15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Thomas P. Moore  
(b) Address 415 Carswold Drive

17. (a) Burial (b) Date thereof 2/7/40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Fee Fee Cemetery

18. (a) Signature of funeral director C. R. Lupton & Sons  
(b) Address 7230 Delmar Blvd.

19. (a) FEB 6 - 1940 (b) C. R. Lupton  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) no  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature C. R. Lupton (M. D. or other) 1  
Address 4903 Delmar Date signed 2/11/40

D. T. H. Hale  
4903 Deeman  
Rd 1471  
1-4

**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 Bradford A. Miles  
Licensed Embalmer No. 2901  
P. O. Address St Louis 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 this body is not embalmed, above space should be left blank.**