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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33065

Registration District No. 784 Primary Registration District No. 101 Registrar's No. 1867

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis County Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 hours. (Specify whether years, months or days)

In this community life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Richmond Heights (If outside city or town limits, write "RURAL")

(d) Street No. 8120 Dale Ave. (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Luschen Moore

3. (b) If veteran, name war ?

3. (c) Social Security No. ?

4. Sex female

5. Color or race colored

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Jack Moore

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased April (Month) 7 (Day) 1898 (Year)

8. AGE: Years 42 Months 5 Days 22 If less than one day ..... hr. ..... min.

9. Birthplace Creve Coeur (City, town, or county) Mo. (State or foreign country)

10. Usual occupation housewife

11. Industry or business

MOTHER FATHER

12. Name William Hamilton

13. Birthplace Creve Coeur (City, town, or county) Mo. (State or foreign country)

14. Maiden name Mary Lewis

15. Birthplace Creve Coeur (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Jack Moore

(b) Address 8120 Dale ave

17. (a) ..... (Burial, cremation, or removal) (b) Date thereof 10 (Month) 5 (Day) 40 (Year)

(c) Place: burial or cremation Muse Mo

18. (a) Signature of funeral director A. F. Walton

(b) Address 2707 Staddard St

19. (a) OCT - 4 1940 (Date received local registrar) (b) R. Meyer M.D. Dr. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 29 year 1940 hour 3:15 minute A. M.

21. I hereby certify that I attended the deceased from 9-28-40, 19..., to 9-29-40, 19...; that I last saw her alive on 9-29-40, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arteriosnephrosclerosis - General	1 yr. (?)
Fibrinous Pericarditis	4 da. (?)
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Arteriosnephrosclerosis; Fibrinous pericarditis, Bilat. salpingitis

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: NMD

(a) Accident, suicide, or homicide (specify)

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature W. H. Forsman Jr. M.D. (M. D. or other)

Address St. Louis Co. Hosp. Date signed

(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 William C. McDowell, Registered Apprentice No. ..... working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2117

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.