DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40792

Registration District No. 7911 Primary Registration District No. 1003 Registrar's No. 10563

1. PLACE OF DEATH:

(a) County
(b) City or town N. Louis Mo. 2
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3659 Hickory St
(If not in hospital or institution, write street number or location)
(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
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3659 Hickory St 18
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME CLARA SCHWAB MOORE
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Charles Moore
6. (c) Age of husband or wife if alive No. years
7. Birth date of deceased ~~74~~ March ~~30~~ 8 1866 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
74	—	9	14	hr. min.

9. Birthplace Cincinnati Ohio (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Abraham Daniel Schwab
13. Birthplace Switzerland (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Josephine Rupheam
15. Birthplace Switzerland (City, town, or county) (State or foreign country)
16. (a) Informant's own signature Eric Moore
(b) Address 3659 Hickory St.
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof Dec 18 1940 (Month) (Day) (Year)
(c) Place: ~~burial~~ or cremation Valhalla
18. (a) Signature of funeral director John P. Collins & Bro Co
(b) Address 928 N Grand Blvd
19. (a) DEC 23 1940 (Date received local registrar) (b) J. W. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 22
year 1940 hour 6 minute 45 P. M.
21. I hereby certify that I attended the deceased from Oct 10, 1940, to Dec 22, 1940
that I last saw her alive on Dec 20, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cirrhosis of	2
Due to Liver	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(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 H. B. DePew (M. D. or other) M.D.
Address 1446 So Grand Date signed Dec 23/40

(Licensed Embalmer's Statement on Reverse Side)

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.

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

X19511

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 Albert G. Koppe

Licensed Embalmer No. 2971

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.