

FILED MAY 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13181

State File No.

3611

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH: 2303rd N. Market St.
 (a) County _____
 (b) City or town, St. Louis Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
 (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: 000
 (a) State, Missouri (b) County _____
 (c) City or town, St. Louis _____
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2303rd N. Market St.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Agnes P. Moake
 8. (b) If veteran, _____ name war _____
 8. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Apr day 9th
 year 1941 hour 8 minute P.M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Andrew J. Moake
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Dec 3rd 1867
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Apr 1941 to Apr 76 1941
 that I last saw her alive on Apr 76 1941
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
73 4 23 hr. _____ min. _____

Immediate cause of death: apoplexy
hypertension
diabetes
 Due to _____ Eyes
 Due to _____ Eyes

9. Birthplace Marion Illinois
 (City, town, or county) (State or foreign country)
 10. Usual occupation House Wife

Other conditions (Include pregnancy within 3 months of death) _____

11. Industry or business _____
 12. Name Lute Sanders
 13. Birthplace Tennessee
 (City, town, or county) (State or foreign country)
 14. Maiden name UNKNOWN
 15. Birthplace _____
 (City, town, or county) (State or foreign country)

Major findings: Of operations _____
 Of autopsy 50
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Margaret Acher Zenger
 (b) Address 8510 Lynwood Tennessee
 17. (a) Burial (b) Date thereof April 29 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Rose Hill Cem. Marion Ill.
 18. (a) Signature of funeral director Chas. A. Bull
 (b) Address 4457 Washington Bldg
 19. (a) APR 20 1941 (b) J. F. Brack
 (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) _____
 (b) Date of occurrence _____
 Where did injury occur? _____ (City or town) (County) (State)
 (c) Did injury occur in or about home, on farm, in industrial place, in public place?
 (Specify type of place) _____
 While at work _____ (Specify type of place) _____
 23. Signature Robert Sanders (M. D. or other) _____
 Address 1502 Cass Date signed 4/29/41

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

MOTHER FATHER

*John D. Letter
1502
Linn 9316*

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 John Letter
Licensed Embalmer No. 3880

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.