S. No. 2
I—1-4-41
. 5-17-39
I X26390

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

FILED MAY 9 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 15763

Registration District No. 784 Primary Registration District No. 101 Registrar's No. 881

**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 Hosp 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 da (Specify whether
In this community
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County St Louis 96
(c) City or town Clayton 0
(If outside city or town limits, write "RURAL")
(d) Street No. Marine Ave Creve Coeur R R # 2 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME Kathleen Moore

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased May 4 1923 (Month) (Day) (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 17 | 11 | 18 | hr. min. |

9. Birthplace St Louis Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business

FATHER
12. Name Alphonse Moore
13. Birthplace Perryville Mo 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Edna Sutterer
15. Birthplace Perryville Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant Alphonse Moore
(b) Address Creve Coeur Mo

17. (a) Burial (b) Date thereof Apr 25 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt Hope Cem Perryville Mo

18. (a) Signature of funeral director Ortmann Funeral Home
(b) Address 9222 Lackland Overland Mo

19. (a) APR 24 1941 (b) R R Meyer M D Dr R H
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 22 day April
year 1941 hour minute 4:45 A M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Struck by a Rock Island freight train at Dorsett Rd. crossing, while operating an auto

Due to on a public highway

Due to Fracture of skull; Subdural hemorrhage

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Yes

Duration

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) Accident
(b) Date of occurrence April 21, 1941 096
(c) Where did injury occur? Maryland Heights
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place
(Specify type of place)
While at work? (e) Means of injury 3

23. Signature Louis H Bopp Coroner (M. D. or other)
Address Kirkwood, Mo. 4/23/41 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 3478

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, fact should be so stated above.**