

7770 JUN 6 1941

Registration District No. 750

Primary Registration District No. 171

1. PLACE OF DEATH: St. Louis

(a) County St. Louis

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

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

(d) Length of stay: In hospital or institution 4 Weeks
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 9

(d) Street No. 5406 Delmar Blvd.
(If rural, give location) 1

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Pearl Moore

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Wh 6. (a) Single, widowed, married, divorced Wid

6. (b) Name of husband or wife Frank Moore 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Dec 17 1887
(Month) (Day) (Year)

8. AGE: Years 53 Months 5 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Shelbyville, Ills. /
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name James Babb,

13. Birthplace Mo., 0
(City, town, or county) (State or foreign country)

14. Maiden name Mary Elizabeth Oliver

15. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Legke

(b) Address 419 E. Madison, Kirkwood Mo.

17. (a) Burial (b) Date thereof 6/2/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shelbyville, Ills

18. (a) Signature of funeral director Louis H. Bopp, Inc.

(b) Address Kirkwood Mo.

19. (a) MAY 31 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 31
year 1941 hour 6 minute 10 a.m.

21. I hereby certify that I attended the deceased from May 3 1941 to May 31 1941;
that I last saw him alive on May 3 1941
and that death occurred on the date and hour stated above.

Immediate cause of death bowel obstruction

Due to intusussusception Permea

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations perineal skin
laceration of urethra
Of autopsy ulcerations of terminal
ileum Cecal perforated

22. If death was due to external causes, fill in the following: None

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

(b) Date of occurrence none

(c) Where did injury occur? Home (City, 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)

Means of injury _____

23. Signature [Signature] (M. D. or other) Imo

Address 1120 3rd St Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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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 M. Meyer*
Licensed Embalmer No. *3288*
P. O. Address *Kirkwood, 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, fact should be so stated above.