

FILED NOV 23 1942

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 957L

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution 1379 Sempfle 1
(If not in hospital or institution, write street number or location)

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

In this community _____ (Specify whether _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000

(c) City or town St. Louis 96
(If outside city or town limits, write "RURAL")

(d) Street No. 1379 Sempfle
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Mary Ellen Moore

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 15 year 1942 hour 12:28 minute A. M.

21. I hereby certify that I attended the deceased from Jan 15 1942, to Nov 15 1942

that I last saw her alive on Nov 15 1942 and that death occurred on the date and hour stated above.

5. Color or race Female 1 White 6. (a) Single, widowed, married, divorced 2 Widowed

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

7. Birth date of deceased August 8 1871
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage

Due to Hypertension

Due to Diabetes

Other conditions (Include pregnancy within 3 months of death) 61

8. AGE: Years 71 Months 3 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business Owner & Manager

12. Name related

13. Birthplace related

14. Maiden name related

15. Birthplace related

16. (a) Informant Sylvester Moore

(b) Address 1379 Sempfle

17. (a) Burial Calvary (b) Date thereof 11-18-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Chas. F. Stutz

(b) Address 1225 Mission Blvd

19. (a) NOV 17 1942 (b) J. F. Biedeck
(Date received local registrar) (Registrar's signature)

Major findings: 59

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 C. S. Cannon (M. D. or other) _____

Address 1316 A. M. Grand Date signed 11-16-42

*Mr. W. J. O'Connell
Burial & Cremation
No. 9921*

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 *Bernard A. J. Sturak*
Licensed Embalmer No. *3500*

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.