

FILED FEB 16 1943

State File No. ....  
Registrar's No. 1122

Registration District No. ....

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
City Hospital  
(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. 2209 Maiden Lane  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Dorothy Moore

3. (b) If veteran, name war..... 3. (c) Social Security No. None

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Willis Moore 6. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased. October 14 1908  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
34 3 19 hr. min.

9. Birthplace Cairo Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name L. Womack  
13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Mannie Reed  
15. Birthplace Maiden Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Willis Moore

(b) Address 2209 Maiden Lane

17. (a) Removal (b) Date thereof 2/3/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Campbell, Mo.

18. (a) Signature of funeral director Albert H. Hoppe Inc

(b) Address 4200 Washington Ave.

19. (a) FEB 3 1943 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3  
year 1943 hour 6 minute 45 AM.

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 Acute Hemorrhagic Nephritis  
Following septic abortion

Due to Spontaneous  
Due to Flow accident

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1st  
Of autopsy.....

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).....  
(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?

23. Signature Thomas F. Collins (M. D. or other)  
Address Deputy Coroner Date signed 2/3/43

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.....

*W. Wilkerson*

Licensed Embalmer No. *3575*

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.**