

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **7765**

FILED SEP 11 1943
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County _____
 (b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **7 Days**
(Specify whether
 In this community **50 years**
years, months or days)

3. (a) PRINT FULL NAME **Ava Stella Moore**

3. (b) If veteran, name war **none**

3. (c) Social Security No. **none**

4. Sex **female**

5. Color or race **white**

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

6. (b) Name of husband or wife **William Moore**

6. (c) Age of husband or wife if alive **74** years

7. Birth date of deceased **June 21 1883**
(Month) (Day) (Year)

8. AGE: Years **19 60** Months **2** Days **7**
If less than one day hr. min.

9. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **Charles Smith**

13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Julia Declue**
(City, town, or county) (State or foreign country)

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. William Moore**
 (b) Address **2246 Sullivan Ave.**

17. (a) **Burial**
(Burial, cremation, or removal) (b) Date thereof **8-31-43**
(Month) (Day) (Year)
 (c) Place: burial or cremation **St. John's Cemetery**

18. (a) Signature of funeral director **Hy. Leidner Und. Co.**
 (b) Address **2223 St. Louis Ave.**

19. (a) **AUG 30 1943**
(Date received local Registrar) **J. F. Buech**
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **000 17 920**

(a) State **Missouri** (b) County _____
 (c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
 (d) Street No. **2246 Sullivan Ave.**
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **28**,
 year **1943** hour **2:50** minute **A.** M.

21. I hereby certify that I attended the deceased from **August 22**, 19 **43**,
 August **28**, 19 **43**
 that I last saw her alive on **August 28**, 19 **43**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Nephrosclerosis**

Due to _____

Due to _____

Other conditions **None**
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy **Refused**

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? _____

While at work? _____
(Specify type of place) Means of injury _____

23. Signature **Ray J. Leary** (M. D. or other) **MD**
 Address **1515 Lafayette Avenue** Date signed **8/28/43**

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 P. Buechholz

Licensed Embalmer No. *1674*

P. O. Address *3223 St Louis Pl*

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.