

3. No. 2
M-5-43
5-17-39
1 X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36712

State File No. _____

Registrar's No. 10602

FILED DEC 13 1943
Registration District No. 818

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:
6832 Dale Avenue
(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 000
17

(c) City or town St. Louis (If outside city or town limits, write "RURAL")
94

(d) Street No. 6832 Dale Avenue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Moise, Edith May

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 2nd
year 1943 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov 20, 1943, to Dec 2, 1943;
that I last saw her alive on Dec 1, 1943;
and that death occurred on the date and hour stated above.

4. Sex Fem 5. Color or race Wh 6. (a) Single, widowed, married, divorced Wid 2

6. (b) Name of husband or wife Eugene L. Moise 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 30, 1868
(Month) (Day) (Year)

Immediate cause of death Coronary Occlusion Duration _____

8. AGE: Years Months Days If less than one day

Years	Months	Days	hr.	min.
<u>75</u>	<u>8</u>	<u>2</u>		

Due to Assumed heart muscle

Due to _____

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

10. Usual occupation At home

Other conditions (Include pregnancy within 3 months of death) 93

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Edwin Beardsley Campbell

13. Birthplace Green County Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Susan E. Lewis

15. Birthplace Black Rock New York
(City, town, or county) (State or foreign country)

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 _____

16. (a) Informant Lionel Moise (son)

(b) Address 6832 Dale Avenue

17. (a) Burial (b) Date thereof Dec. 4, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

3. Signature Clifford E. Anderson (M. D. or other)
Address 7000 Dale Ave Date signed 12-3-43

18. (a) Signature of funeral director Michael J. Croghan

(b) Address 7146 Manchester Ave.

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

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

MOTHER, FATHER

H. Sanders
7050 Dale Ave.

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 Gironoski

Licensed Embalmer No. *3398*

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.