

S. No. 2
OM-5-43
v. 5-17-39
I X36671

9281

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED APR 1 1944 318
Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 2898

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

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:
St. John's Hospital 0
(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 Illinois (b) County Jefferson ⁹⁹⁹

(c) City or town Mt. Vernon
(If outside city or town limits, write "RURAL")

(d) Street No. Oakland Ave.
(If rural, give location) ^{N.P. 0}

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ ²

3. (a) PRINT FULL NAME Maribeth Moore

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26
year 1944 hour 10:00 minute P. M.

21. I hereby certify that I attended the deceased from 3-20 1944 to 3-26 1944
that I last saw her alive on 3-25 and that death occurred on the date and hour stated above. ¹⁹⁴⁴

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: March 18 1944
(Month) (Day) (Year)

Immediate cause of death: Spina bifida

Due to _____

Due to congenital ¹⁵¹

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

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

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

10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER { 12. Name Russell Moore

{ 13. Birthplace Jefferson Co., Illinois
(City, town, or county) (State or foreign country)

{ 14. Maiden name Mary Benner

{ 15. Birthplace Unknown South Dakota
(City, town, or county) (State or foreign country)

16. (a) Informant Russell Moore

(b) Address Mt. Vernon, Ill.

17. (a) Removal (b) Date thereof 3-29-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Vernon, Ill.

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

(b) Address 4700 Washington Blvd

19. (a) MAR 28 1944 J.F. Brudeck
(Date received local registrar) (Registrar's signature)

Major findings: Menigo-myelocle
Of operations type

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature W.J. Gallagher (M. D. or other) M.D.
Address 657 N. Grand Date signed 3-26-44

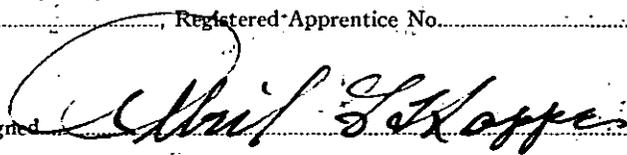
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

..... Registered Apprentice No.....

Signed



..... Licensed Embalmer No. 2971

..... 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.