

S. No. 2
M-5-43
v. 5-17-39
I X36571

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39562

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11206

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:
3841 Washington Blvd. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3841 Washington Blvd. /
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Hannah L. Moore

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

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

6. (b) Name of husband or wife Wm. R. Moore 6. (c) Age of husband or wife if alive 70 years

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

8. AGE: Years Months Days If less than one day
abt - 75 9 ? hr. min.

9. Birthplace Mo. 0 (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

12. Name Daniel Christy

13. Birthplace Ky. / (City, town, or county) (State or foreign country)

14. Maiden name Unknown (City, town, or county) (State or foreign country)

15. Birthplace Ky. / (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Wm. R. Moore

(b) Address 3841 Washington Blvd.

17. (a) Burial (b) Date thereof 12-22-45 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director (b) Address 3841 Washington Blvd.

19. (a) Date received local registrar DEC 21 1945 (b) Registrar's signature J. F. Breda

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 20th., year 1945 hour 3 minute 35 p. M.

21. I hereby certify that I attended the deceased from 3:45 p. M. to 7:00 p. M. that I last saw him alive on Dec 20 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary thrombosis + my aortic chronic

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

Major findings: Of operations. Of autopsy. 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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature J. Kimp (M. D. or other) Address 450 3rd Washington Date signed 12/24/45

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

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 H Vanmatre

Licensed Embalmer No.

2825

P. O. Address.....

4340 Lafayette

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.