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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32037

State File No. ....

Registrar's No. 7898

FILED SEP 30 1946

Registration District No. ....

Primary Registration District No. ....

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town  
(c) Name of hospital or institution: Firmen DeLoze Hospital  
(d) Length of stay: In hospital or institution 9 wks  
In this community 9 wks

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 28  
(c) City or town Bourbon  
(d) Street No. ....  
(e) Citizen of foreign country? (Yes or No) NR

3. (a) PRINT FULL NAME Moore, Earle

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Separated

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

7. Birth date of deceased Sept 21 1898

8. AGE: Years 47 Months 11 Days 19 If less than one day hr. .... min.

9. Birthplace Missouri

10. Usual occupation Housework

11. Industry or business H

12. Name Jos Brand

13. Birthplace Missouri

14. Maiden name Margaret Davis

15. Birthplace Missouri

16. (a) Informant Hellie Jones

(b) Address Stella Hotel St. Paul Mo

17. (a) Burial (b) Date thereof 9-14-46

(c) Place: burial or cremation Keesburg Mo

18. (a) Signature of funeral director W. H. ...

(b) SEP 13 1946 (c) W. H. ...

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 10<sup>th</sup> year 1946 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from June 18 1946 to Sept 10 1946; that I last saw her alive on Sept 10 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary and Cardiac Infarction  
Acute Pancreatitis

Due to 1. mural thrombus of auricle & ventricle

Other conditions: none

Major findings: none

Of autopsy as listed under causes of death

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 W. H. ... (M. D. or other) ---  
Address 1325 S. Grand Blvd Date signed 11/2/46

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 *Rex E. Campbell*  
Licensed Embalmer No. *3881*  
P. O. Address *St Louis Mo*

**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.**