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UNITED STATES BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **42754**

FILED JAN 7 1947

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **1182**

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 - Max C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Mary Moore
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 W 2
6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Dec. 19, 1863
(Month) (Day) (Year)

8. AGE: Years 83 Months 0 Days 8 If less than one day hr. min.

9. Birthplace Powshick County, Iowa (City, town, or county) (State or foreign country)
10. Usual occupation Retired

MOTHER FATHER

11. Industry or business.....
12. Name Joseph Robertson
13. Birthplace Nashville, Tenn (City, town, or county) (State or foreign country)
14. Maiden name Eliza Ann Whitney
15. Birthplace Indiana (City, town, or county) (State or foreign country)

16. (a) Informant Clara Rothe
(b) Address 5351 Delmar Blvd.

17. (a) burial (b) Date thereof 12-28-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Alexander & Sons
(b) Address 6175 Delmar Blvd.

19. (a) DEC 28 1946 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5351 Delmar Blvd.
Memorial (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 27th
year 1946 hour 11:30 minute P M.
21. I hereby certify that I attended the deceased from 12/1/46
19..... to Dec. 27th 19 46
that I last saw her alive on Dec. 27th 19 46
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Acute cardiac decompensation

Due to Myocardial infarction

Due to Arteriosclerotic heart disease

Other conditions (Include pregnancy within 3 months of death)
severe psychosis

Major findings: Of operations.....
Of autopsy.....

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.....

23. Signature Armedyean M. D. or other.....
Address 1515 Lafayette Date signed 12/27/46

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Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 *Jos. E. McCulloch*
Licensed Embalmer No. *2460*
P. O. Address *6145 Dillman*

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.