S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36087
9311

FILED OCT 24 1947

Registration District No. 18

Primary Registration District No. 1003

Registrar's No.

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: 2503a Hodiamont Ave.
(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 Mo. (b) County oad

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2503a Hodiamont Ave. 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Anna 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 Widowed

6. (b) Name of husband or wife Edward Moore

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

7. Birth date of deceased June (Month) 18, (Day) 1879 (Year)

8. AGE:

Years	Months	Days	If less than one day
68	3	19	hr. min.

9. Birthplace Washington, D.C.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Michael Keough
13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret Galvin
15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Edward Moore
(b) Address 559 Melville Ave.

17. (a) Burial (b) Date thereof 10-10-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J Donnell
(b) Address 3840 Lindell Blvd

19. (a) OCT 8 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 7th.
year 1947 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from Sept 12 1947, to Oct 7 1947;
that I last saw her alive on Oct 5 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute left ventricular failure — Duration 1 1/2 hrs.

Due to Hypertensive C.V. disease — uncertain

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Wm. C. Macdonald M.D.
(M.D. or other)

Address 539 N. Grand Date signed 10-7-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Van Matre

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.