S. No. 300
v. 10.48

FILED MAY 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14011 3955

BIRTH NO. _____ REG. DIST. NO. 318 1003 PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, Missouri
c. LENGTH OF STAY (in this place): 1
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4216 Ellenwood Avenue.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 4216 Ellenwood Avenue.

3. NAME OF DECEASED (Type or Print)
a. (First): Lee
b. (Middle): Anna
c. (Last): Moore

4. DATE OF DEATH (Month) (Day) (Year): May 1, 1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: August 8, 1864
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): St. Clair, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Chiles Weatherford
13b. MOTHER'S MAIDEN NAME: Sarah Jane Jones
14. NAME OF HUSBAND OR WIFE: Eugene Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): Nil
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Charles W. Overton — 4216 Ellenwood

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

It does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Rectum — INTERVAL BETWEEN ONSET AND DEATH: 4-1-48

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 6-4-48
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Rectum with Metastases
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): None
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: None — 154X

22. *I hereby certify that I attended the deceased from* April 1, 1948, *to* May 1, 1949, *that I last saw the deceased alive on* May 1, 1949, *and that death occurred at* 5:05 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. A. Lembeck, M.D.
23b. ADDRESS: 607 N. Grand Blvd
23c. DATE SIGNED: 5-2-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-4-49
24c. NAME OF CEMETERY OR CREMATORY: Oak Grove
24d. LOCATION (City, town, or county) (State): St. Louis Co., Mo.

DATE REC'D BY LOCAL REGISTRAR: MAY 2 1949
REGISTRAR'S SIGNATURE: J. B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Albert H. Hoppe, 4700 Washington Blvd.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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~~ Me

..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed [illegible] Remelius

Licensed Embalmer No. 4283

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.

Be

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

State File No. 14011
Local Registrar's No. 3955

AFFIDAVIT FOR CORRECTION OF A RECORD

On this ..... day of ....., 194...., before me appears ....., who, upon ..... oath, states that the original record of birth/death for Lee Anna Moore died ~~born~~ 5-1-1949, 19...., in the State of Missouri, and which was filed at ..... on OVERTON 19...., should be corrected as follows:

Item No. 17 should read Charles W. ~~Overland~~ 4216 Ellenwood

Instead of ----------

Item No. ..... should read .....

Instead of .....

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Instead of .....

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Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Albert H. Hopper
Affiant

Fun. Direc
Relationship.

4700 Washin ton
Present Address.

Subscribed and sworn to before me this 20 day of Aug., 1949

Ira C. Paddock
Notary Public.

My Commission expires My Commission Expires March 4th, 1953

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

n V. S. 135
M—8-43
I X37817