

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED AUG 15 1951

State File No. **25027**  
Registrar's No. **7010**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>7010</b>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>St. Louis City</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		a. STATE <u>Ill.</u>		b. COUNTY _____	
c. LENGTH OF STAY (In this place) <u>98 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>East St. Louis</u>		OR TOWN <u>8120</u>		d. STREET ADDRESS (If rural, give location) <u>817 Bowman</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Barnard Eye, Skin &amp; Cancer Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>817 Bowman</u>			
3. NAME OF DECEASED				4. DATE OF DEATH (Month) (Day) (Year)			
a. (First) <u>MILDRED</u>		b. (Middle) <u>LOUISE</u>		c. (Last) <u>MOORE</u>		August 5, 1951	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>14 years</u>		8. DATE OF BIRTH <u>Nov. 2, 1916</u>	
9. AGE (In years last birthday) <u>34</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homemaker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Homemaker</u>		11. BIRTHPLACE (State or foreign country) <u>Tenn.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Eugene Poff</u>		13b. MOTHER'S MAIDEN NAME <u>Leona Thompson</u>		14. NAME OF HUSBAND OR WIFE <u>Clarence W. Moore</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Record</u> ADDRESS _____			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Squamous carcinoma cervix uteri</u>				12 months	
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>Unknown</u>					
		DUE TO (c) <u>Unknown 121X</u>					
		II. OTHER SIGNIFICANT CONDITIONS				3 weeks	
		Conditions contributing to the death but not related to the disease or condition causing death. <u>Possible Actinomyces brain</u>					
19a. DATE OF OPERATION <u>Nov. 25, 1950</u>		19b. MAJOR FINDINGS OF OPERATION <u>Rt. parasternal cystic to pelvic wall. Cervix replaced by abnormal growth of tissue</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from June 11, 1951, to August 5, 1951, that I last saw the deceased alive on August 5, 1951, and that death occurred at 2:40 A.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Andrew H. Veldhuis, M.D.</u>				23b. ADDRESS <u>Barnard Eye Skin &amp; Cancer H. sp.</u>		23c. DATE SIGNED <u>August 5, 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>Aug 8, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Clair Memorial Ph.</u>		24d. LOCATION (City, town, or county) (State) <u>Canteen Township Ill</u>	
DATE REC'D BY LOCAL REG. <u>AUG 6 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Foster</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John J. Haseley</u> ADDRESS <u>E. H. Hoigle</u>			

(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.....

.....  
working under my personal supervision.

Signed.....  
Student Embalmer

*[Handwritten signature]*

Signed.....

*Embalmed*

*John J. Kasaly*

Student Embalmer No.....  
Licensed Embalmer No. *F-800*

P. O. Address.....

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.

*[Handwritten notes]*