

REC'D OCT 11 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33722

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 2545

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights
c. LENGTH OF STAY (in this place) 14 days
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Illinois b. COUNTY St. Clair
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN East St. Louis
d. STREET ADDRESS (If rural, give location) 1445 North 44th Street

3. NAME OF DECEASED
a. (First) LENORA b. (Middle) - c. (Last) MOSER
4. DATE OF DEATH October 2, 1952

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 8. DATE OF BIRTH Sept. 24, 1896 9. AGE (In years last birthday) 56 IF UNDER 1 YEAR Months 56 Days 0 IF UNDER 1 HOUR Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home NONE 10b. KIND OF BUSINESS OR INDUSTRY NONE 11. BIRTHPLACE (State or foreign country) East St. Louis, Ill 12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Louis Moser 13b. MOTHER'S MAIDEN NAME Nora Moser 14. NAME OF HUSBAND OR WIFE NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME Leland Moser ADDRESS East St. Louis, Ill

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomas - Pentoneal MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 1 yr.
ANTECEDENT CAUSES DUE TO (b) Carcinoma - Uterus 1 yr.
DUE TO (c) 174X
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 1 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Sep 1, 1952 to Oct 2, 1952, that I last saw the deceased alive on Oct 1, 1952, and that death occurred at 6:35A m., from the causes and on the date stated above.

23a. SIGNATURE Ralph Kusella MD (Degree or title) 23b. ADDRESS 3720 Washington Ave 23c. DATE SIGNED Oct. 2, 1952

24a. BURIAL CREMATION (REMOVAL) (Specify) 0 24b. DATE Oct. 6, 1952 24c. NAME OF CEMETERY OR CREMATORY East St. Louis, Ill 24d. LOCATION (City, town, or county) (State) East St. Louis, Ill

DATE REC'D BY LOCAL REG. 2-OCT-52 REGISTRAR'S SIGNATURE Robert Adams MD 25. FUNERAL DIRECTOR'S SIGNATURE Chas Burke ADDRESS East St. Louis, Ill

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.

Student Embalmer No.....

Signed.....

Chas M. Burk

Signed.....
Student Embalmer

Licensed Embalmer No. 2421

P. O. Address East St. Louis, Ill

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.