

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-019970  
STATE FILE NUMBER

MAY 23 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

5203

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo.		b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 01 3905a Dunnica Ave.		Length of stay in 1b		d. STREET ADDRESS 2169 3905a Dunnica Ave.	
3. NAME OF DECEASED (Type or print) First Middle Last MATHILDA MORESI			4. DATE OF DEATH Month Day Year May 15 1958		
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 29, 1895	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pantry Worker		10b. KIND OF BUSINESS OR INDUSTRY hotel		11. BIRTHPLACE (City and state or country) Red Bud Ill. U.S.A.	
13a. FATHER'S NAME Charles Mauff		13b. MOTHER'S MAIDEN NAME Christine Goedelmann		14. NAME OF HUSBAND OR WIFE John Moresi	
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. 500 26 9160		17. INFORMANT Address John Moresi Jr. 1210 Newark	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Strangulation by Hanging</i>					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					<i>E974*</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II, if any) <i>She was found on May 15, 1958 at 3:44 p.m. in basement of house. Suicide while suffering from temporary mental aberration.</i>				
20c. TIME OF INJURY Hour Month, Day, Year <i>5:15 p.m. 5 15 58</i>	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>		
20f. CITY, TOWN, OR LOCATION <i>St. Louis Mo.</i>		COUNTY		STATE	
21. I attended the deceased from _____ and last saw her alive on _____ Death occurred at _____ <i>4:30 p.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>James M. Kelly</i>		22b. ADDRESS <i>1300 Clark</i>		22c. DATE SIGNED <i>5-17-58</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>removal</i>		23b. DATE <i>5/19/58</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Resurrection Cemetery</i>	
23d. LOCATION (City, town, or county) <i>St. Louis County</i>		23e. STATE <i>Mo.</i>		23f. REGISTRAR'S SIGNATURE <i>J. Earl Smith</i>	
24. FUNERAL DIRECTOR <i>Buchholz Mortuary 5967 W. Florissant</i>		24b. ADDRESS		25. DATE RECD. BY LOCAL REG. <i>MAY 17 58</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *Hester W. Dyer* .....  
Licensed Embalmer No. *14329* .....  
P. O. Address *Hester W. Dyer* .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.