MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

14558

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 3907

City St Louis (No. Lutheran Hospital St. ..... Ward)

2. FULL NAME De Ette Virginia Moore

(a) Residence. No. 1929 Alfred St., 17 Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 10, 1923

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
7	1	8	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work School
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Iowa

PARENTS

10. NAME OF FATHER Arthur M Moore

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Iowa

12. MAIDEN NAME OF MOTHER Blanche Leone

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Iowa

14. INFORMANT A M Moore
(Address) 1929 Alfred Ave

15. FILED APR 19 1930, 19 Max C Hankey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 18 1930

17. I HEREBY CERTIFY, That I attended deceased from April 4th, 1930; to April 18, 1930 that I last saw her alive on April 18, 1930, and that death occurred, on the date stated above, at One P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Post Nasal Hemorrhage
115B
1000 (duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (SECONDARY) Retro-pharyngeal abscess from infection of Throat (duration) ..... yrs. ..... mos. 14 ds.
non Diphtheritic cause unknown

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Home
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) G. H. Poos, M. D.
4/19, 1930 (Address) 435 University Club Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Waterloo, Iowa	April 19, 1930
20. UNDERTAKER	**ADDRESS**
Drehmann Harrel	1905 Union

A. E.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PLACE OF DEATH should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.