

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Townshp. St. Louis Primary Registration District No. 1003  
 City St. Louis (No. ISOLATION HOSPITAL) St. .... Ward)

File No. 30916  
8631  
 Registered No. ....  
 St. .... Ward)

**2. FULL NAME**

Nuth Moore  
 (a) Residence, No. 6012 Fyler St. 3 Ward. (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 7 yrs. 1 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 21, 1925

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
7 1 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) city St. Louis, Missouri

FATHER 13. NAME Harry Moore

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Bertha Jensen

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

17. INFORMANT (ADDRESS) Lionel Burns, ISOLATION HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Lebanon DATE Sept 28, 1932

19. UNDERTAKER (ADDRESS) A. W. MacLaughlin, 1607 S. St. Louis

20. FILED SEP 27 1932 Missouri Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 26, 1932

22. I HEREBY CERTIFY, that I attended deceased from Sept 24, 1932 to Sept 26, 1932  
 I last saw him/her alive on Sept 26, 1932 Death is said to have occurred on the date stated above, at 3:45 A.M.  
 The principal cause of death and related causes of importance were as follows:

Scarlet Fever Date of onset 9-18  
8  
101  
 Other contributory causes of importance: Cerebral Edema 9-22

Name of operation None Date of .....  
 What test confirmed diagnosis? Abvent. Cardiac Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify John Eschenbrenner, M. D.  
 (Signed) ISOLATION HOSPITAL  
 (Address) ISOLATION HOSPITAL

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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

