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.

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

Do not use this space.

SEP 16 1935

791

1003

27801

File No. 6852

Registered No.

1. PLACE OF DEATH

County

Township

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

Registration District No.

Primary Registration District No.

2. FULL NAME Lida Ellen Moore

(a) Residence, No. 745 Oakland St., N R Ward. Webster Groves Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 4 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): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 8 - 1878

7. AGE: Years 57 | Months 1 | Days 1 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

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): Rockville Indiana

FATHER

13. NAME: Jacob Hunnell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Evansville Indiana

MOTHER

15. MAIDEN NAME: Elizabeth Baker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Rockville Indiana

17. INFORMANT (ADDRESS): Catherine E. Hake 7461 York Drive Clayton Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Rockville Ind DATE aug 12 1935

19. UNDERTAKER (ADDRESS): Parker Lud Co Webster Groves Mo

20. FILED AUG 11 1935 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 9 1935

22. I HEREBY CERTIFY, That I attended deceased from 8-6-1935 to 8-9-1935

I last saw her alive on 8-9-1935 Death is said to have occurred on the date stated above, at 11 30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Stenosis	
Arteriosclerosis, general	

Other contributory causes of importance: Coronary occlusion

Name of operation — Date of —

What test confirmed diagnosis? EKG Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? — 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 —

(Signed) L. Gottlieb, M. D.

(Address) Barnes Hosp.