

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.

DEC 11 1935

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

Township.....

Primary Registration District No. 1003

City *St. Louis, Mo.* (No. *Isolation Hospital*)

File No. 37285

Registered No. 9224

2. FULL NAME *Catherine Moore*

(a) Residence, No. *918 Tower Drive* St. *18* Ward.

Length of residence in city or town where death occurred

How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Edmond Moore</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Aug 4, 1904</i>		
7. AGE	YEARS <i>31</i>	MONTHS <i>2</i>
		DAYS <i>27</i>
	If LESS than 1 day, ..... hrs. or ..... min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Homeworks</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>at home.</i>	
	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) *Ashley Illinois*

13. NAME *Jacob Rohneger*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ashley Illinois*

15. MAIDEN NAME *Helen Frick*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Illinois*

17. INFORMANT *Stella Grady*  
(ADDRESS) *5700 Arsenal St.*

18. BURIAL, CREMATION, OR REMOVAL  
PLACE *Ashley Ill* DATE *Nov 3* 1935

19. UNDERTAKER *Edith E. Ambuster*  
(ADDRESS) *4234 Maple St*

20. FILED: *1003* 1935  
*J. A. Predeck*  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov. 1, 1935*

22. I HEREBY CERTIFY, That I attended deceased from *Oct 28, 1935 to Nov 1, 1935*

I last saw her alive on *Nov 1, 1935* Death is said to have occurred on the date stated above, at *7:40* A.M.

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

*Scarlet Fever*

*Syphilis*

Other contributory causes of importance: *8*

Date of onset	<i>10-25</i>
	<i>10-26</i>

Name of operation *none* Date of.....  
What test confirmed diagnosis? *Ch...* (Was there an autopsy? *no*)

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* D.....  
If so, specify.....

(Signed) *J. H. ...* M. D.  
(Address) *5600 Arsenal St*

