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.

MAR 12 1936

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

Do not use this space.

791

7601

1. PLACE OF DEATH

County ..... Registration District No. 1003 ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 1246

City St. Louis (No. 4222 Clarence Ave. St. ..... Ward)

2. FULL NAME Emma I. Moore

(a) Residence, No. 4222 Clarence Ave. St., 10 Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

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	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 31st, 1873

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
62	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) Indiana

FATHER

13. NAME Ibreal J. Clark

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT Bonnie L. Moore
(ADDRESS) 4222 Clarence Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Crematory DATE Feb. 5th, 1936

19. UNDERTAKER Wehmann Hand
(ADDRESS) 1905 Union Blvd.

20. FILED FEB 3 1936 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 2nd, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 12 1936, to Feb 2nd 1936

I last saw her alive on Feb 2nd 1936. Death is said to have occurred on the date stated above, at 9 P m.

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

	Date of onset
Malignant Endocarditis Chronic	12-1-35
9 Da	

Other contributory causes of importance:

Pulmonary Oedema	2-2-36

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....

If so, specify .....

(Signed) G. H. Wilson, M. D.

(Address) 4362 Morne ave.

436-r Name
1-3

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