JAN 10 1937

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

Do not use this space.
47036

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

City St. Louis (No. St. Ann's Home, 5501 Page Blvd. St. ..... Ward)

File No. 12863

Registered No.

2. FULL NAME Mollie (Mary) Moore

(a) Residence, No. St. Ann's Home St., 6 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) June 16, 1855

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
81	6	13	

OCCUPATION

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

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) Missouri

FATHER

13. NAME Martin Moore

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

MOTHER

15. MAIDEN NAME Mary Slattery

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

17. INFORMANT John F. Moore
(ADDRESS) 1356 Tamm Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE Dec. 31, 1936

19. UNDERTAKER Arthur J. Donnelly Undt. Co.
(ADDRESS) 3840 Lindell Blvd.

20. FILED DEC 31 1936 J. E. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 29, 1936. 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1936, to Dec 29, 1936

I last saw her alive on Dec 28, 1936. Death is said to have occurred on the date stated above, at 1:00 m. P. M.

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

	Date of onset
Lobar Pneumonia Acute	12-22-36

Other contributory causes of importance:

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

What test confirmed diagnosis? Clinical 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) H. F. Cleveland, M. D.

(Address) 5920 Southwest Ave.

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.

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

Dr. C. H. Cleveland
5930 Southwest Hi. 0750