AUG - 5 1937

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

Do not use this space.

File No. 25801

Registered No. 6975

Registration District No. 791

Primary Registration District No. 1003

2/1

1. PLACE OF DEATH

County

Township

City ST. LOUIS MO. (No. 3251 MORGANFORD Rd. St. Ward)

2. FULL NAME O'TILLIE L. MOORE.

(a) Residence, No. 3251 MORGANFORD Rd. Ward 16
(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	MARRIED

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) WIFE OF JOSEPH E. MOORE.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT. 25 1877

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	59	8	26	

OCCUPATION

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

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) ILLINOIS

FATHER

13. NAME NICHOLAS SCHMIDT

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

MOTHER

15. MAIDEN NAME UNKNOWN.

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

17. INFORMANT JOSEPH E. MOORE (ADDRESS) 3251 MORGANFORD RD

18. BURIAL, CREMATION, OR REMOVAL PLACE OAKWOOD CEM. ALTON ILL. DATE 7-24 1937

19. UNDERTAKER E. J. SCHNUR (ADDRESS) 3125 Lafayette Av.

20. FILED JUL 22 1937 John Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1937, to July 21, 1937

Last saw h. alive on July 20, 1937. Death is said to have occurred on the date stated above, at 10 p.m.

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

	Date of onset
Cancer of Bladder and Uterus Primary seat in uterus	

Other contributory causes of importance: Chronic Nephritis

Name of operation none Date of

What test confirmed diagnosis? Cystoscopic Were 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) Otto C. Hanser, M. D.

(Address) 3157 Park Av

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.