

OCT 14 1937

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

32307

Do not use this space.

## 1. PLACE OF DEATH

(a) County..... Registration District No. 791  
 (b) Township..... Primary Registration District No. 1003  
 (c) City St. Louis Mo. (d) Street No. 5715 McPherson av. Registered No. 8361  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 33 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. 5715 McPherson av. St. 5 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John P. Moore  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan'y 22, 1849  
 7. AGE YEARS 88 MONTHS 7 DAYS 12 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none  
 9. Industry or business in which work was done, as saw mill, bank, etc. none  
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Orennon Springs Ky. (STATE OR COUNTRY) Kentucky

13. NAME A. W. Lockwood

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

15. MAIDEN NAME Fannie Hunter

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

17. INFORMANT Mrs. James T. Roberts (ADDRESS) 4452 Washington Bl.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lefington Ky. DATE 9/6 1937

19. FUNERAL DIRECTOR Charles A. Bue (ADDRESS) 4452 Washington

20. FILED J. Bredeck Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/4, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8/25, 1937, to 9/4, 1937

I last saw him alive on 9/3, 1937 Death is said to have occurred on the date stated above, at 8 a. m.

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

8/25-37  
apoplexy of  
Age

Other contributory causes of importance:

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? no

If so, specify.....

(Signed) D. R. Parnian, M. D.

(Address) 3903 Olive  
St. Louis

SEP 5 1937

STATEMENT BY LICENSED EMBALMER

I, Howard F Rowland, Licensed Embalmer No. 3114

hereby certify that the body recorded on the reverse side of this certificate was embalmed by John Ketter

L. E.

No. 3890 or by \_\_\_\_\_, Registered Apprentice No. 3114  
working under my personal supervision.

Signed Howard F Rowland

Licensed Embalmer No. 3114

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**