

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

1 X12004

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

32974

Do not use this space.

9028

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City..... **St. Louis, Mo.**

Registration District No. **1003**
Primary Registration District No. **City Hospital No. 1**

Registered No.

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

C. 8246

2. PRINT FULL NAME

Eunice Moats
9/15 Aubert

(a) Residence, No. St. **12** (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **female** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Angus Moats**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 3, 1872**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
65 5 24

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Factory Worker**
9. Industry or business in which work was done, as saw mill, bank, etc. **Penta Factory**
10. Date deceased last worked at this occupation (month and year) **About 1930** 11. Total time (years) spent in this occupation **10 Yrs**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

13. NAME **Hilhi Moore**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Kentucky**

15. MAIDEN NAME **Ellen Walker**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Baltimore Md.**

17. INFORMANT (ADDRESS) **Hosp. Info M. Kent City Hospital #1**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Fairfield, Ill.** DATE **Sept. 28th, 1937**

19. FUNERAL DIRECTOR (ADDRESS) **Albert H. Hoppe Inc., 429 N. Euclid Avenue**

20. FILED **SEP 27 1937** **St. Brudeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **9/27/37**, 19

22. **9/8/37** BY CERTIFY, That I attended deceased from **9/27/37**, 19

I last saw h. **her** on **9/27/37**, 19. Death is said to have occurred on the date stated above, at **2.35 a.**

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

Carcinoma of Breast with metastatic carcinoma to liver, pancreas and abdominal lymph glands

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? **yes**

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) **E. P. Reh**, M. D.
(Address) **City Hospital No. 1**

STATEMENT BY LICENSED EMBALMER

I, Albert G. Hoppe, Licensed Embalmer No. 2971

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

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Albert G. Hoppe

Licensed Embalmer No. 2971

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.)