

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

37227
Do not use this space.

REC'D DEC 12 1938

1. PLACE OF DEATH

(a) County _____ Registration District No. 791
 (b) Township _____ Primary Registration District No. _____ Registered No. 9554
 (c) City St. Louis (d) Street No. St. Lukes Hospital St. _____
 (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Myrtle Z. Moses

(a) Residence, No. 5760 De. Giverville St. 6
 (Usual place of abode, if no street address, write county or city) (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 (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF A. B. Moses

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE YEARS 2 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.
about 66

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
 9. Industry or business in which work was done, as 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) Wabash,
 (STATE OR COUNTRY) Indiana

FATHER 13. NAME Henry Maxwell
 14. BIRTHPLACE (CITY OR TOWN) _____
 (STATE OR COUNTRY) Indiana

MOTHER 15. MAIDEN NAME Elizabeth Douglas
 16. BIRTHPLACE (CITY OR TOWN) _____
 (STATE OR COUNTRY) Ohio

17. INFORMANT A. B. Moses
 (ADDRESS) 5760 De Giverville

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Nov. 4, 1938

19. FUNERAL DIRECTOR Alexander & Sons
 (ADDRESS) 6175 Delmar Blvd.

20. FILED NOV 3 1938 J. Bredeck
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/2/1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 27, 1938, to Nov 2, 1938

I last saw her alive on 11/2/1938 Death is said to have occurred on the date stated above, at 6 a. m.

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

Intestinal Obstruction; Caused by carcinoma of large intestine
 Date of onset 10/27/38

Other contributory causes of importance: 46

Name of operation Exp. 9p Date of 10/27/38
 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? No.
 If so, specify _____ (BROWN)
 (Signed) W. S. Brown, M. D.
 (Address) 3903 Oak

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.

3903
Dano

STATEMENT BY LICENSED EMBALMER

I, Jose E. McCulloch, Licensed Embalmer No. 2460

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

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Jose E. McCulloch

Licensed Embalmer No. 2460

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.)

6175 Delmar