REC'D APR 12 1939

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

8383
Do not use this space.

791
1003

1. PLACE OF DEATH
(a) County ..... Registration District No. 1003
(b) Township ..... Primary Registration District No. ..... Registered No. 2148
(c) City St. Louis, Mo. (d) Street No. 5351 Delmar Ave. 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 17 yrs. 2 mos. 2 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 600 Mrs. Margaret Moir
(a) Residence, No. 5351 Delmar Blvd. St. 12
(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): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 4, 1851

7. AGE: YEARS 87 | MONTHS 9 | DAYS | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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) (STATE OR COUNTRY) Aberdeen, Scotland

FATHER
13. NAME Joseph Meuhans
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

MOTHER
15. MAIDEN NAME Jane Shepherd
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

17. INFORMANT (ADDRESS) Wilmath Walley 5351 Delmar, St Louis Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Cem. DATE 3-6 1939

19. FUNERAL DIRECTOR (ADDRESS) Albert H. Hoppe Inc 4700 Washington

20. FILED MAR 6 1939 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from August 29, 1929, to March 5, 1939, 19..
I last saw her alive on March 4, 1939, 19.. Death is said to have occurred on the date stated above, at 6.55 P. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	3 days

Other contributory causes of importance:

Chronic Interstitial Nephritis	1 yr.

Name of operation ---------- Date of -----
What test confirmed diagnosis? Phy. Ex Was there an autopsy? No

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) Holon Cameron, M. D.
(Address) 508 N. Grand Blvd

(Licensed Embalmer's Statement on Reverse Side)

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.

LOT 202
SEC 11
VALHALLA CEM

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

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

.....L. E.....

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

working under my personal supervision.

Signed.....

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.)