

REC'D JUN 12 1939

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

17416
Do not use this space.

1. PLACE OF DEATH

(a) County 2 Registration District No. 791
(b) Township 6 Primary Registration District No. 1008
(c) City St. Louis (d) Street No. 2001a Menard St. St. 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 Lillian Moore

(a) Residence, No. 2001a Menard St. St. 23 (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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 27, 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 1 3

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

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) Tennessee

13. NAME Trimbole

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Arthur Wells
2001a Menard

18. BURIAL, CREMATION, OR REMOVAL

PLACE N. St. Marcus DATE June 3, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wacker-Helderle
2331 S. Broadway

20. FILE MAY 31 1939

J. B. Buecher
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1939, to May 30, 1939

I last saw her alive on May 30, 1939. Death is said to have occurred on the date stated above, at 8:00pm.

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

Chronic Parenchymatous Nephritis
Diabetic Mellitus

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?
If so, specify Henry G. Phipps Ph D
(Signed) 24176 St. Louis M. D.
(Address) St. Louis

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Frank J. Wyland Sr.

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Frank J. Wyland Sr.

Licensed Embalmer No.....

2645

P. O. Address.....

St Louis Mo.

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.)

If this body is not embalmed, above space should be left blank.