DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38005

Registration District No. 791 — Primary Registration District No. — Registrar's No. 9844

1. PLACE OF DEATH: 1003 /

(a) County

(b) City or town St. Louis, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Infirmary (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 92 days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: /

(a) State Missouri (b) County

(c) City or town St. Louis, Mo. 18 (If outside city or town limits, write "RURAL")

(d) Street No. 2919 a Chouteau (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Ida Moore 6 b

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Donnie Moore

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased August 12, 1904 (Month) (Day) (Year)

8. AGE: Years 35 | Months 3 | Days 2 | If less than one day hr. min.

9. Birthplace Mississippi (City, town, or county) / (State or foreign country)

10. Usual occupation Housewife /

11. Industry or business Unknown

FATHER
12. Name Martin Mason 9
13. Birthplace (City, town, or county) Mississippi (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Donnie Moore

(b) Address 2919a Chouteau

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-20-39 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director E. L. Garner

(b) Address 2829 Washington Blvd.

19. (a) NOV 18 1939 (Date received local registrar) (b) J. F. Burdick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 14 year 1939 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from August 14, 1939, to November 14, 1939 that I last saw her alive on Nobember 14, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death Bacterial endocarditis Tularemia (typhoid type)

Due to Not typhoid fever

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations (1) Endocarditis involving mitral valves. (2) Splenomegaly

Of autopsy (3) Chronic cervicitis & bilateral oophoritis non venereal

Duration

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Ralston S. Mitchell (M. D. or other)

Address 1536 Papin St. Date signed 11/16/39

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

50M-5-17-39 Rev. 5-17-39 I X19511

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.....

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

working under my personal supervision.

Signed Arthur L. Heilbird

Licensed Embalmer No. 3389

P. O. Address 3028 Dickson St

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.