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

1940  
No. 2  
11-10-39  
1-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

FILED MAR 7 - 1940 STANDARD CERTIFICATE OF DEATH

State File No. 8118

Registration District No. 784

Primary Registration District No. 107

Registrar's No. 386

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Ladue  
(c) Name of hospital or institution:  
466 Price Road (south)  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2  
(Specify whether  
In this community  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Ladue  
(If outside city or town limits, write "RURAL")  
(d) Street No. 466 S. Price Road  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 63 yrs. years.

3. (a) PRINT FULL NAME Mary Moore 600

3. (b) If veteran, name war none. 3. (c) Social Security No. none.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife William Moore 6. (c) Age of husband or wife if alive dead years

7. Birth date of deceased Sept. 20 - 1872  
(Month) (Day) (Year)

8. AGE: Years 67 Months 5 Days 2 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

12. Name Henry Treason

13. Birthplace Ruiti Italy  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Treason

15. Birthplace Ruiti Italy  
(City, town, or county) (State or foreign country)

16. (a) Informant J. Vincent Beardon

(b) Address 466 S. Price Road

17. (a) Burial (b) Date thereof 2/24/1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Calvary Cemetery

18. (a) Signature of funeral director W. C. ...

(b) Address 7233 DeMar Ave. St. Louis

19. (a) FEB 23 1940 (b) W. C. ...  
(Date received local registry) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 27  
year 1940 hour 5 minute 10 P. M.

21. I hereby certify that I attended the deceased from Feb 1, 1938 to Feb 27, 1940;  
that I last saw her alive on Feb 21, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma, colon, ascending Duration 2 1/2 yrs

Due to 2  
Due to 2  
Other conditions 46  
(Include pregnancy within 3 months of death)

Major findings: 46  
Of operations 46  
Of autopsy 46

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?

23. Signature W. C. ... (M. D. or other) Ill  
Address 412 ... Date signed 2-23-40

470  
1500 Blue  
To 3800

**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

*Don K. Muschany*

Registered Apprentice No. 219

working under my personal supervision.

Signed

*Clarence H. Murray*

Licensed Embalmer No. 4011

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.**