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FILLED OCT 18 1941

Registration District No. 791

Primary Registration District No. \_\_\_\_\_

Registrar's No. 7566

1. PLACE OF DEATH:

(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: Josephine Hospital's  
(If not in hospital or institution, write street number & location)  
(d) Length of stay: In hospital or institution 7 days  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis  
(c) City or town Valley Park N. R. 11  
(If outside city or town limits, write "RURAL.")  
(d) Street No. 137 River Drive  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ERNA MOORE

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 494-03-2014

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife: Charles Moore 6. (c) Age of husband or wife if alive 32 years  
7. Birth date of deceased July 18 1909  
(Month) (Day) (Year)

8. AGE: Years 32 Months 2 Days - If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St Louis Co. Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Stenographer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Albert Wetzel  
13. Birthplace St Louis Co. Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Anna Elert  
15. Birthplace Ballwin Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Louis Wetzel  
(b) Address Ballwin Mo

17. (a) Burial (b) Date thereof 9-20-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St John's Bellfontain Mo

18. (a) Signature of funeral director Schrader

(b) Address Ballwin Mo

19. (a) SEP 19 1941 (b) J. Budick  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 17 year 1941 hour 6 minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from Sept 14 to Sept 17 1941  
that I last saw u alive on Sept 17 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death: General Peritonitis Duration 3da  
Due to Relive Abscess of TWR  
unknown origin  
Due to non-pyoperal  
Conditions no  
(Include pregnancy within 3 months of death)

Major findings: General Peritonitis  
Operations Purulen & indurate  
Of autopsy None

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) \_\_\_\_\_  
(Specify means of injury) \_\_\_\_\_  
23. Signature John A. Stoyan (M. D. or other) \_\_\_\_\_  
Address Metropolitan Bldg Date signed 9/19/41

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

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**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..... *J. Allen Davis Jr.*  
Licensed Embalmer No. *4053*  
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, fact should be so stated above.**