

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

12444

FILED APR 6 1942
Registration District No. 7322

Primary Registration District No. 101

Registrar's No. 672

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6357 Clayton Road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME Cora Belle Young
3. (b) If veteran, name war No.
3. (c) Social Security No. No.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced, Widow
6. (b) Name of husband or wife Arthur Youngson Moore
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased June 29, 1873
(Month) (Day) (Year)

8. AGE: Years 68 Months 8 Days 23
If less than one day
hr. min.

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

10. Usual occupation At home

11. Industry or business Housewife

MOTHER FATHER
12. Name Ezra Henderson Moore
13. Birthplace Baltimore, Md.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Maddox
15. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Madelyn Young
(b) Address 6357 Clayton Rd.

17. (a) Burial (b) Date thereof 3/21/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oaks Grove Cemetery

18. (a) Signature of funeral director Robert J. Ambruster
(b) Address Clayton Rd. at Concordia Lane

19. (a) MAR 24 1942 (b) E. G. McCarroll
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Clayton
(If outside city or town limits, write "RURAL")
(d) Street No. 6357 Clayton Road
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22
year 1942 hour 10 minute 5 P. M.
21. I hereby certify that I attended the deceased from
March 18, 1942 to March 22, 1942
that I last saw her alive on March 22, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Mesenteric thrombosis
Duration 3-29-42

Due to Arteriosclerosis

Due to 13/a

Other conditions Cerebral hemorrhage
(Include pregnancy within 3 months of death) 1-138
Chronic industrial nephritis

PHYSICIAN
Major findings: None
Of operations.....
Of autopsy..... None.
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?
While at work?..... (Specify type of place)
(e) Means of injury.....

23. Signature Frederic W. Clark (M. D. REGISTER)
Address 864 Hamilton Ave. Date signed 3/23/42

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

6
2
3

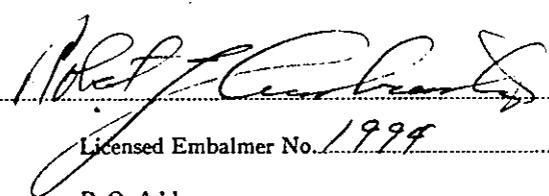
STATEMENT BY LICENSED EMBALMER

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.....


.....
Licensed Embalmer No. 1999

P. O. Address.....

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.