

FILED MAY 19 1942

Registration District No. ....

Primary Registration District No. ....

Registrar's No. 4235

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: BARNES HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 28 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME Thelma Eileen Moore

3. (b) If veteran, name war..... 3. (c) Social Security No.....

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

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

7. Birth date of deceased Dec 27 1925  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
16 4 14 hr. min.

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

10. Usual occupation Student

11. Industry or business.....

MOTHER FATHER { 12. Name Samuel Earl Moore  
13. Birthplace Hadam Kansas  
(City, town, or county) (State or foreign country)  
14. Maiden name Bessie Snook  
15. Birthplace Cameron Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Samuel Earl Moore  
(b) Address Hadam Illinois

17. (a) Removal (b) Date thereof 5/14/42  
(Burial, cremation, or removal) (City or town) (County) (State) (Year)  
(c) Place: burial or cremation Oakridge Cem

18. (a) Signature of funeral director Albert W. Hoppe  
(b) Address 4700 Washington

19. (a) W. F. Brudick (b) J. F. Brudick  
(Date of local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Effingham  
(c) City or town Dietrich  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural #2  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11  
year 1942 hour 1 minute 08 A. M.

21. I hereby certify that I attended the deceased from April 13, 1942, to May 11, 1942  
that I last saw her alive on May 11, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death: Leucosarcoma with  
Due to Anemia purpura  
Anasarca ascites  
Due to pleural effusion

Other conditions (Include pregnancy within 3 months of death).....

Major findings: Of operations.....  
Of autopsy Confined

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?.....

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature J. F. Brudick (M. D. number).....  
Address BARNES HOSPITAL Date signed.....

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

**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 Wilford B. Burnley

Licensed Embalmer No. 4202

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.**