

FILED DEC 10 1942

Registration District No. 784

Primary Registration District No. 11

Registrar's No. 2313

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

(b) City or town Rush Apt.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hospital  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis (If outside city or town limits, write "RURAL.") 17

(d) Street No. 4707 Alexander St. (If rural, give location) 9

(e) Citizen of foreign country?..... (Yes or No) 1  
If yes, name country.....

3. (a) PRINT FULL NAME Mary Elizabeth Moore

3. (b) If veteran, name war.....

3. (c) Social Security No. None

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

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

7. Birth date of deceased: July 5th 1879  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

63 3 29 hr. min. 9

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name William C. Lacy

13. Birthplace Unknown England (City, town, or county) (State or foreign country) 4

14. Maiden name Sarah Elizabeth Bradshaw

15. Birthplace Georgetown, Ill. (City, town, or county) (State or foreign country) 1

16. (a) Informant Paul Lacy  
(b) Address Chicago, Ill.

17. (a) Removal (b) Date thereof 11-6-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Decatur, Ill.

18. (a) Signature of funeral director Albert H. Hoppe Inc.

(b) Address 4700 Washington Blvd.

19. (a) NOV 6 - 1942 (b) E. L. Mc Larson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 4th 1942 year. hour minute M.

21. I hereby certify that I attended the deceased from Oct 9, 1942 to Nov 4, 1942

that I last saw him alive on Nov 3, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration

2 of hematuria

Myocardial failure several years

Due to 1) Coronary Disease

2) Adhesive Pericarditis

Due to 3) Atherosclerosis

Other conditions.....

(Include pregnancy within 3 months of death) 930

Major findings:  
Of operations.....

Of autopsy 1) 2) + 3) as above

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 Daniel F. Hester (M. D. on certificate) 8

Address 607 N. Grand St. St. Louis Date signed 11/6/42

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

96  
388

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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.....

*G. W. Wilkinson*

Licensed Embalmer No.....

*35-75*

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.**