

Shipping Request
3497
State File No. _____

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 10 1943

Registration District No. 284

Primary Registration District No. 101

Registrar's No. 70

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:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: 3 Days in hospital or institution (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 Lemay,
(If outside city or town limits, write "RURAL")
(d) Street No 3711 Risch (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 9
year 1943 hour 3 minute P. M.
21. I hereby certify that I attended the deceased from JANUARY 8
_____, 1943, to JANUARY 9, 1943;
that I last saw her alive on JANUARY 9, 1943;
and that death occurred on the date and hour stated above.
Immediate cause of death CARDIAC FAILURE Duration 5 MIN

3. (a) PRINT FULL NAME Emma 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 Widow

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

7. Birth date of deceased: Feb. 10, 1860
(Month) (Day) (Year)

8. AGE: Years 82 Months 10 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace Illinois (City, town, or county) (State or foreign country)
Housework at home

10. Usual occupation _____

11. Industry or business _____

12. Name Ambrose BURAKER

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

14. Maiden name Mary Stout

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

16. (a) Informant William H. Moore

(b) Address 3711 Risch

17. (a) Burial (b) Date thereof Jan. 11, 1943
(City, town, or county) (Month) (Day) (Year)

(c) Place of burial or cremation Memphis, Missouri

18. (a) Signature of funeral director Fendler Und. Co.

(b) Address 7420 Michigan Avenue

19. (a) JAN 11 1943 (b) E. J. Mc Garrison (Registrar's signature)

Major findings:

Of operations _____
Of autopsy EARLY GANGRENE OF ILEUM
TWELFUM CAUSED BY EMBOLUS 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 Robert A. Hall (M. D. or other) M.D.
Address ST. LOUIS COUNTY Hosp Date signed 1-10-43

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

66
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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 *Oliver E. Fendler*

Licensed Embalmer No. *4148*

P. O. Address *Lenny Mc*

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.