S. No. 2
M—5-42
y. 5-17-39
I X32873

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

4569

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 10 1943 3318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 1797

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Masonic Home of Missouri - 5357 Delmar
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10yrs (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo. (b) County 12 912

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

(d) Street No. Masonic Home of Missouri 5357 - Delmar (If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mattie Lou Moore

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife Charles Radford Moore

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

7. Birth date of deceased August 27, 1860 (Month) (Day) (Year)

8. AGE: Years 82 | Months 5 | Days 27 | If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name William Bush
13. Birthplace Winchester, Ky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Polly Ann Reed
15. Birthplace Winchester, Ky (City, town, or county) (State or foreign country)

16. (a) Informant Ina Hirsch
(b) Address 5351 Delmar

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/23/43 (Month) (Day) (Year)
(c) Place: burial or cremation Armstrong, Mo.

18. (a) Signature of funeral director Albert H. Hoppe Inc.
(b) Address 4700 Washington Blvd.

19. (a) FEB 23 1943 (Date received local registrar) (b) G. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 22, year 1943 hour 9.35 minute P. M. M.

21. I hereby certify that I attended the deceased from April 17, 1933, 19 to February 22, 1943; that I last saw her alive on February 22, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	3 yrs.
Due to: Senility	1 yr.
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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)

While at work (e) Means of injury

23. Signature [signature] (M. D. or other)

Address 508 N. Grand Blvd. Date signed 2-23-43

(Licensed Embalmer's Statement on Reverse Side)

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. 1861

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.