V. S. No. 2
50M—5-42
ev. 5-17-39
P I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 1 1943

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 7660

Registration District No. 789 Primary Registration District No. 109 Registrar's No. 355

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**1. PLACE OF DEATH:**
(a) County: ST. LOUIS
(b) City or town: MAPLEWOOD
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3228 BIG BEND ROAD
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

**2. USUAL RESIDENCE OF DECEASED:**
(a) State: MO (b) County: ST. LOUIS
(c) City or town: MAPLEWOOD
(If outside city or town limits, write "RURAL")
(d) Street No.: 3228 BIG BEND ROAD
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: MARGARET 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: JOHN J. MOORE
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: DEC. (Month) 12 (Day) 1873 (Year)

8. AGE: Years 69 Months 1 Days 10 If less than one day ..... hr. ..... min.

9. Birthplace: ST. LOUIS (City, town, or county) MO. (State or foreign country) 0
10. Usual occupation: AT HOME
11. Industry or business .....

FATHER
12. Name: JOHN C. WOODLOCK 4
13. Birthplace: IRELAND (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: ANN NOLAN
15. Birthplace: IRELAND 4 (City, town, or county) (State or foreign country)

16. (a) Informant: GRACE MOORE
(b) Address: 3228 BIG BEND ROAD
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 2-11-43 (Month) (Day) (Year)
(c) Place: burial or cremation: CALVARY CEMETERY
18. (a) Signature of funeral director: Arthur J. Donnelly
(b) Address: 3840 Lindell Blvd
19. (a) FEB 11 1943 (Date received local registrar) (b) C. G. McGavran, M.D. (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month FEB. day 9, year 1943 hour 9 minute 30 a. M.
21. I hereby certify that I attended the deceased from May 16, 1942 to Feb 9, 1943 that I last saw h. CR alive on Feb 5, 1943 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Carcinoma head of pancreas | 12-11-42 |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations 469 | |
| 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: T. R. Vahn (M. D. or other) M.D.
Address: 2816 Sutton Ave. Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

Maplewood Mo

## 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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

**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.**