

APR 29 1943
Registration District No. _____

Primary Registration District No. _____

Registrar's No. **3244**

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:
ST. LOUIS CHILDRENS HOSP.
(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 _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **4601 Ashland Ave**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **MOORE, MARY LOUISE #2**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **4** day **5**
year **43** hour **9** minute **05** P.M.
21. I hereby certify that I attended the deceased from **4-5-43**
19**43**, to **4-5** 19**43**;
that I last saw h. **alive** on **4-5** 19**43**;
and that death occurred on the date and hour stated above.

4. Sex **FEMALE** 5. Color or race **WHITE**
6. (a) Single, widowed, married, divorced. **0**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **APRIL 4 1945**
(Month) (Day) (Year)

Immediate cause of death _____
prematurity
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years _____ Months **1** Days _____ If less than one day _____ hr. _____ min.
9. Birthplace **ST. LOUIS MO.**
(City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.
Major findings: _____
Of operations _____
Of autopsy _____

10. Usual occupation _____
11. Industry or business _____
12. Name **THOMAS MOORE**
13. Birthplace **MISSOURI** (City, town, or county) (State or foreign country)
14. Maiden name **MILDRED GORMAN**
15. Birthplace **MISSOURI** (City, town, or county) (State or foreign country)
16. (a) Informant **MR. MOORE, FATHER**
(b) Address **4601 ASHLAND AVE**
17. (a) **BURIAL** (Burial, cremation, or removal) (b) Date thereof **4-6-43** (Month) (Day) (Year)
(c) Place: burial or cremation **Calvary Cem. Sullig. Boro.**
18. (a) Signature of funeral director _____
(b) Address **2849 N. Central**
19. (a) **APR 6 1943** (Date received local file) (b) **J. F. Buddeck** (Registrar's signature)

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 **K. D. B. [Signature]** (M. D. or other) _____
Address **St. Louis** Date signed _____

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

MOTHER FATHER

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..... *Albert J. Mayfield*
Licensed Embalmer No. *3077*
P. O. Address..... *St. Louis, Mo*

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.