

**D AUG 18 1943** 318  
Registration District No.

Primary Registration District No.

1. PLACE OF DEATH

(a) County St. Louis, Mo  
(b) City or town 4515 Chouteau St  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(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) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 000  
(c) City or town Saint Louis, 1718  
(If outside city or town limits, write "RURAL") 9  
(d) Street No. 4515-A Chouteau Ave.  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No) 0  
If yes, name country

3. (a) PRINT FULL NAME Elsie M. 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, Married.

6. (b) Name of husband or wife William S. Moore 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased November 16th, 1896.  
(Month) (Day) (Year)

8. AGE: Years 46 Months 8 Days 23 If less than one day hr. min.

9. Birthplace Saint Louis, Missouri.  
(City, town, or county) (State or foreign country)

10. Usual occupation Nurse.

11. Industry or business \_\_\_\_\_

12. Name John C. Nolde.

13. Birthplace Saint Louis, Missouri.  
(City, town, or county) (State or foreign country)

14. Maiden name Anna E. Bickel

15. Birthplace Saint Louis, Missouri.  
(City, town, or county) (State or foreign country)

16. (a) Informant Wm S Moore  
(b) Address 4515-A Chouteau Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 12, 1943.  
(Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery.

18. (a) Signature of funeral director Zigankin Bros-  
(b) Address 8409 Gravois Ave.

19. (a) Aug 10 1943 (b) J.F. Beedick  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 9th, year 1943 hour 10 minute 45 A. M.

21. I hereby certify that I attended the deceased from May 17th to Aug. 9th 1943 and that death occurred on the date and hour stated above. er alive on Aug. 5th 1943

Immediate cause of death Uremia as result of ureteral obstruction  
Due to degenerous of urinary bladder with ureteral obstruction  
Due to obstruction

Other conditions (Include pregnancy within 3 months of death) 12

Major findings: Of operations congestion of urinary bladder  
Of autopsy none

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) (c) Means of injury \_\_\_\_\_

23. Signature D. J. Plebda (M. D. or other) 0  
Address Boonville, Mo (City or town) (County) (State) Aug 9, 1943

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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..... *N. E. Morris* .....

Licensed Embalmer No. *3360* .....

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.**