

FILED JUN 1 1948 18

Registration District No.

Primary Registration District No.

1003

Registrar's No.

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:  
St. Luke's Hospital  
(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 Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6629 Oleatha  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

1300  
317  
9

3. (a) PRINT FULL NAME Minnie M. Moore

3. (b) If veteran, name was None  
3. (c) Social Security No. 489-03-1780

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if \_\_\_\_\_ years

7. Birth date of deceased: Oct 1873  
(Month) (Day) (Year)

8. AGE: Oct-71  
Years Months Days If less than one day  
hr. min.

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

10. Usual occupation: Bookkeeper

11. Industry or business: Typewriting Co.

12. Name: Charles E. Moore

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

14. Maiden name: May Unknown

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

16. (a) Informant: Mrs. H.A. Muse

(b) Address: 6629 Oleatha Ave.

17. (a) Burial (b) Date thereof: 5-19-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: St. Peter's Cemetery

18. (a) Signature of funeral director: Kriegshauser Mortuaries

(b) Address: 4228 So. Kingshighway Blvd.

19. (a) WAY 1 (b) J. P. Bedeck  
(Date received local for burial) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16th  
year 1944 hour 1:00 minute \_\_\_\_\_ A.M. M.

21. I hereby certify that I attended the deceased from May 23, 1944 to May 16, 1944  
that I last saw her alive on May 15, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma - metastatic - 1 yr. Liver  
Due to: Primary Carcinoma Breast - Blasted  
Due to: \_\_\_\_\_

Duration  
3 yrs

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? \_\_\_\_\_

23. Signature: R. L. Sunderman  
While at work \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_  
(M. D. or other)

Address: 4743 West Ridge Date signed: 5/16/44

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

5897

**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 *Richard W. Stevesand*

Licensed Embalmer No. *4007*

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**