

No. 2
3-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4615

State File No.

FILED FEB 16 1945
318

1003

Registrar's No. 1033

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:
4218 WYOMING ST. 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)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State MISSOURI (b) County 17

(c) City or town ST. LOUIS 9 / 6
(If outside city or town limits, write "RURAL")

(d) Street No. 4218 WYOMING ST.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME NELLIE MOORE

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 30
year 1945 hour 11 minute 30 pm

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
alive..... years

7. Birth date of deceased DECEMBER 15 1879
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 15, 1944 to Jan 30, 1945
that I last saw him alive on Jan 30, 1945
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
65 1 15 ..hr. ..min.

Immediate cause of death Acute Cardiac Dilatation

Duration ?

9. Birthplace MISSOURI 0
(City, town, or county) (State or foreign country)

Due to..... 93

Due to.....

10. Usual occupation Nil

Other conditions Chronic Myocarditis
(Include pregnancy within 3 months of death)

11. Industry or business.....

MOTHER FATHER { 12. Name LOUIS MOORE

13. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

14. Maiden name MARGARET UNKNOWN 9

15. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings:
Of operations.....

Of autopsy.....

Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. W. Gatzman

(b) Address 4218 Wyoming St.

17. (a) BURIAL (b) Date thereof FEB. 2/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

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?.....

18. (a) Signature of funeral director E. J. Schurr

(b) Address 3125 Lafayette Av.

19. (a) FEB 1 1945 (b) J. F. Bredeck
(Date received by registrar) (Registrar's signature)

23. Signature J. F. Bredeck (M. D. or Other) 0
Address 68th Street Date signed 2/1/45

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

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 *Joe B. Vollmer*
Licensed Embalmer No. 4014
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.