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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4086

FILED FEB 11 1946

Registration District No. 377 Primary Registration District No. 6-76 Registrar's No. 289

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

2152

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution: 812 KARLSRUHE Pl LEMAY Mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr (Specify whether
In this community 1 yr
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County St. Louis

(c) City or town LEMAY
(If outside city or town limits, write "RURAL")

(d) Street No. 812 KARLSRUHE Pl.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME ELIZA D 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 WIDOWED

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb (Month) 15 (Day) 1874 (Year)

8. AGE: Years 71 Months 11 Days 16 If less than one day hr. min.

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

10. Usual occupation HOUSE WORK

11. Industry or business

FATHER
12. Name Unknown Bowlin
13. Birthplace (City, town, or county) Alabama (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Alabama (State or foreign country)

16. (a) Informant Naomi Henderson
(b) Address 812 Karlsruhe Pl Lemay Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-2-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Lawrenceburg Tenn

18. (a) Signature of funeral director HOWARD F. ROWLAND
(b) Address 4355 WASHINGTON AV

19. (a) 2-5-46 (Date received local registrar) (b) E G McGannon M D (Registrar's signature) MSC

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 31st year 1946 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 31, 1946, to Jan 31, 1946 that I last saw her alive on Jan 31, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	10 mins
Due to	
Due to	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Durand Benjamin (M. D. or other) MD
Address 7430 Virginia Ave Date signed 2/1/46

(Licensed Embalmer's Statement on Reverse Side)

FEB 23 1945

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.....John Ketter.....

Licensed Embalmer No.....3880.....

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.