

S. No. 2  
A-12-45  
7. 5-17-39  
I X47070

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7254**

FILED MAR 5 1947

Registrar's No. **468**

Registration District No. **3**

Primary Registration District No. **3069**

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

**1. PLACE OF DEATH:**

(a) County St. Louis  
 (b) City or town Richmond Heights  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
7100 Williams Ave **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)

**3. (a) PRINT FULL NAME** Alice Arnetta 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** Widow **2**

**6. (b) Name of husband or wife** Wm. P. B. Moore **6. (c) Age of husband or wife if alive** Dec'd years \_\_\_\_\_

**7. Birth date of deceased** 4/28/1879  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>10</u>	<u>28</u>	_____ hr. _____ min.

**9. Birthplace:** White Cottage Ohio  
 (City, town, or county) (State or foreign country)

**10. Usual occupation** Retired Saleslady

**11. Industry or business** Famous-Barr D. G. Co

**MOTHER** { **12. Name:** Henry Williams

{ **13. Birthplace:** White Cottage Ohio  
 (City, town, or county) (State or foreign country)

{ **14. Maiden name:** Nancy Cowan

{ **15. Birthplace:** White Cottage Ohio  
 (City, town, or county) (State or foreign country)

**16. (a) Informant:** Mr. G. C. Gray  
 (b) Address 7100 Williams Ave

**17. (a) Removal** (Burial, cremation, or removal) (b) Date thereof 3/5/47  
 (Month) (Day) (Year)

(c) Place: burial or cremation Crooksville Ohio

**18. (a) Signature of funeral director:** Robert J. Ambruster Inc  
 (b) Address 6633 Clayton Road

**19. (a)** 3-4-47 (Date received local registrar) (b) Arthur J. Jellen MD (Registrar's signature) **MSA**

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Ohio (b) County St. Louis **997**

(c) City or town Saltillo **33**  
 (If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location) **0**

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) **2**

If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month March 2, day \_\_\_\_\_  
 year 1947 hour 12 minute noon M.

**21. I hereby certify that I attended the deceased from** Feb. 25, 1947, to March 2, 1947;  
 that I last saw her alive on March 2, 1947  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion **q/a** few minutes  
 Due to Smility + tachycardia **5 days**

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

**Major findings:** Of operations No operation

Of autopsy No. 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

**23. Signature:** W. E. Mason (M. D. or R.N.) **0**  
 Address 7158 Manchester Ave. Date signed 3/3/47

SEP 25 1947

---

---

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 Arnold W. Schoene

Licensed Embalmer No. 3864

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.