

S. No. 2  
M-5-43  
r. 5-17-39  
I X36671

FILED MAR 31 1947  
Registration District No. 1947

Primary Registration District No.....

1003

Registrar's 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:  
St. Anthony Hospital,  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 Days,  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County.....  
(c) City or town St. Louis,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4315 Minnesota Ave.,  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Catherine Moorhem

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 Married

6. (b) Name of husband or wife Ivo Moorhem 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased March 25, 1875  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 11 26 hr. min.

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

10. Usual occupation At Home,

11. Industry or business.....

MOTHER FATHER { 12. Name 9

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

14. Maiden name 9

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

16. (a) Informant Ivo Moorhem,

(b) Address 4315 Minnesota Ave.,

17. (a) Burial (b) Date thereof 3/24/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New SS: Peter & Paul Cem.

18. (a) Signature of funeral director Gebken-Benz Mortuary

(b) Address 2842 Keramec St.,

19. (a) MAR 21 1947 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21st  
year 1947 hour 7: minute 40 A. M.

21. I hereby certify that I attended the deceased from Mar 17, 1947 to Mar 21, 1947  
that I last saw him alive on Mar 20, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy  
Neurovascular R. J. T. V.  
Due to arteriosclerosis

Due to 83

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....  
Of autopsy.....

Duration  
2 days  
6 days  
?

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? 0

While at work? (Specify type of place) (c) Means of injury.....  
23. Signature Robert E. Warner (M. D. or other) SA D  
Address [Signature] Date signed Mar 21 47

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..... me.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Joe S. Benz*  
.....  
Licensed Embalmer No. ~~3297~~ 4249

.....  
P. O. Address..... 2842 Meramec St.,  
St. Louis, 18, 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.**