

No. 2
17-39

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
1947
FILED APR 2 8 18

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15446
Registrar's No. 3836

Registration District No. Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution Desloge Hospital
(d) Length of stay: In hospital or institution 7-months
In this community 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo.
(b) County
(c) City or town St. Louis
(d) Street No. 3917 Magnolia Ave.
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME Anita Moore
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced S.O.
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive Aug. 2nd., 1880
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 66 Months 8 Days 7
If less than one day

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

10. Usual occupation Coordinator
Board of Education

11. Industry or business Board of Education

12. Name Uriah Moore
13. Birthplace Scotland
(City, town, or county) (State or foreign country)

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

16. (a) Informant Miss Virginia E. Ryan
(b) Address 5439 Cabanne Ave.

17. (a) Burial (b) Date thereof 4-12-47
(c) Place: burial or cremation Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) APR 11 1947 (b) Registrar's signature

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April 9th., day 20 p. M.
year 1947 hour 4 minute 20 p. M.

21. I hereby certify that I attended the deceased from June 18 1946 to April 9 1947
that I last saw her alive on April 9 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cachexia
Date of onset Carcinomatosis
Duration Carcinoma of left breast 7 yrs

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Carcinoma of Breast with axillary involvement
Of autops: none
PHYSICIAN Underline the cause of 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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature of Ernest Jensen M.D. or other M.D.
Address 3720 Washington Date signed 4/11/47

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

MOTHER FATHER

102. Jensen Co. 8665

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.