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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 18247

FILED JUN 15 1948

Registration District No. 397

Primary Registration District No. 3064

Registrar's No. 1288

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

**1. PLACE OF DEATH:**

(a) County St. Louis

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

(c) Name of hospital or institution:
520 Tiffin Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 3 months
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St. Louis 1288

(c) City or town Ferguson 46
(If outside city or town limits, write "RURAL")

(d) Street No. 520 Tiffin Avenue, 6
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 2

If yes, name country 0

3. (a) PRINT FULL NAME Emma Moores

3. (b) If veteran, name war ---

3. (c) Social Security No. ---

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Harry Moores

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased March (Month) 27 (Day) 1885 (Year)

8. AGE: Years 83 | Months 1 | Days 22 | If less than one day ..... hr. ..... min.

9. Birthplace Stoke Mills Dorset, Eng. 4
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ---

FATHER
12. Name Henry Seale 4
13. Birthplace HaEnglandteele 7
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Harriet Steele
15. Birthplace England 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sidney Dawson
(b) Address Ferguson, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 22, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director White Funeral Home
(b) Address Ferguson, Missouri.

19. (a) 5-22-48 (Date received local registrar) (b) Cecil A. Sharp Mrs. Mrs. (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 19
year 1948 hour 9 minute 40 P.M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...;
that I last saw h..... alive on ....., 19...;
and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| 1) Broncho pneumonia | 3 days |
| Due to Chronic Myocarditis | 5 yrs |
| Due to Nephritis 131 b | 8 yrs |

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

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 M. D. Johnson (M. D. or other) M.D.
Address Ferguson MO Date signed 5/21/48

(Licensed Embalmer's Statement on Reverse Side)

## 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 L. M. White

Licensed Embalmer No. 3973

P. O. Address Ferguson, Ky

**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.**