

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

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED JUN 28 1948
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

21168
State File No. 5598
Registrar's No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
(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. Luke's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)

3. (a) PRINT FULL NAME ELZA BOYD MOORE

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Edward T. Moore 6. (c) Age of husband or wife if alive years

7. Birth date of deceased April 24, 1870 (Month) (Day) (Year)

8. AGE: Years 78 Months 1 Days 26 If less than one day hr. min.

9. Birthplace O' Fallon Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name James R. Boyd

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

14. Maiden name Sarah W. Williams (City, town, or county) (State or foreign country)

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

16. (a) Informant C. Ray Bradley (b) Address 6164 Gambleton Place.

17. (a) Burial (b) Date thereof June 22, 1948 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cemetery

18. (a) Signature of funeral director Shepard Funeral Home (b) Address 1167 Hamilton Avenue.

19. (a) JUN 21 1948 (b) J. J. [Signature] (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Wellston (If outside city or town limits, write "RURAL")
(d) Street No. 6164 Gambleton Place. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20, 1948 year hour 4:25 minute A M.

21. I hereby certify that I attended the deceased from May 1 to June 20, 1948 that I last saw her alive on June 19, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Acute abdomen
Probably massive mesenteric thrombosis
Due to Hypertensive cardiac-vascular mal.
Due to Chronic myocarditis
Duration 2-7 days
1946
1941

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Yes. Not yet reported. Of autopsy Yes. Not yet reported.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. -If death was due to external causes, fill in the following: No

(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) (c) Means of injury
23. Signature [Signature] (M. D. or other) M.D.
Address [Address] Date signed 6-21-48
St. Louis, Mo.

W. G. Ford clerk 864

MAR 14 1949

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 *Nancy A. Brammer*

Licensed Embalmer No. *4200*

P. O. Address *St. Louis*

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.