FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31286

FILED OCT 9 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8256

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. JOHNS HOSPITAL (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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County ST. LOUIS 96
(c) City or town WEBSTER GROVES 74 (If outside city or town limits, write "RURAL")
(d) Street No. 703 So LACLEDE STATION RD. (If rural, give location)
(e) Citizen of foreign country? MR (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME SISTER M. SEBASTIAN 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 SINGLE
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased JULY (Month) 12th (Day) 1893 (Year)

8. AGE: Years 55 Months 2 Days 8 If less than one day hr. min.

9. Birthplace Mo (City, town, or county) (State or foreign country)
10. Usual occupation RELIGIOUS
11. Industry or business
FATHER
12. Name BASIL MOORE
13. Birthplace Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name EMMA BURGEE
15. Birthplace Mo (City, town, or county) (State or foreign country)
16. (a) Informant Sister M Dominick
(b) Address 307 So EUCLID AVE
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9/22/48 (Month) (Day) (Year)
(c) Place: burial or cremation SISTERS OF MERCY CEM
18. (a) Signature of funeral director R. Mullen Fund Co
(b) Address 5165 DELMAR BL.
19. (a) SEP 21 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 20th year 1948 hour 10 minute 45 A.M.

21. I hereby certify that I attended the deceased from 1944, to 9-20, 1948; that I last saw her alive on 9-20, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death: General metastatic carcinoma — Duration: Several years
Due to: Primary growth Carcinoma cervix
Due to:
Other conditions (Include pregnancy within 3 months of death)
Major findings: Had radium implant in cervix 3-4 yrs ago
Of operations
Of autopsy 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) none
(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 J. J. Hammond (M. D. or other) M.D.
Address 634 N Grand Date signed 9/20/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....

..... Registered Apprentice No.....

working under my personal supervision.

Signed. T. G. Farris

Licensed Embalmer No. 338

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.