No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 4 1948

Registration District No. 377

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2002

State File No. 31599

Registrar's No. 2089

**1. PLACE OF DEATH:**

(a) County St. Louis

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

(c) Name of hospital or institution:
residence - 1073 Jackson Avenue
(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 Missouri (b) County St. Louis 96

(c) City or town University City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1073 Jackson Avenue 5
(If rural, give location)

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

If yes, name country .....

**3. (a) PRINT FULL NAME** ROSETTA JACKSON 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 Isaac Moore

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

7. Birth date of deceased March (Month) 30 (Day) 1862 (Year)

**8. AGE:**

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 86 | 5 | 5 | ..... hr. ..... min. |

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

10. Usual occupation at home

11. Industry or business .....

FATHER
12. Name Thornton Jackson
13. Birthplace Clay County (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Catherine Kirgan
15. Birthplace Cincinnati (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Mrs. Edith Copeland
(b) Address 1073 Jackson Ave., U. City

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 9-5-48 (Month) (Day) (Year)
(c) Place: burial or cremation Brazil, Indiana

18. (a) Signature of funeral director C. R. Lupton & Sons
(b) Address 7233 Delmar Blv'd., U. City

19. (a) 9-7-48 (Date received local registrar) (b) Basil A. Sharp MD (Registrar's signature)

**MEDICAL CERTIFICATION**

20. **DATE OF DEATH:** Month September day 5th year 1948 hour 1 minute 40 A.M.

21. I hereby certify that I attended the deceased from Jan. 1, 1948, to Sept. 5, 1948, that I last saw her alive on Sept. 4, 1948, and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| cancer [illegible] | 3 yrs. |
| Due to | |
| Due to 93d | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

**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 Orville O. Watts (M. D. or other) M.D.

Address 1194 Hoch Avenue Date signed 9-5-48

(Licensed Embalmer's Statement on Reverse Side)

[illegible]

1194 [illegible] 8755.
3644 Natural Bridge Br 3560.
Pa 3522,
2862 Chadwick Dr.

## 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 Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, 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.**