FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 24 1949

Registration District No. 5977

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42832

Primary Registration District No. 6076

Registrar's No. ~~2998~~ 2989

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Wellston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6335A Ridge Blvd.,
(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)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: St. Louis
(c) City or town: Wellston
(If outside city or town limits, write "RURAL")
(d) Street No.: 6335A Ridge Ave.,
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: PALMYRA MOORE.
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: John Moore
6. (c) Age of husband or wife if alive: 82 years
7. Birth date of deceased: Jan. 27, 1870. (Month) (Day) (Year)
8. AGE: Years 78 Months 11 Days 1 If less than one day hr. min.
9. Birthplace: Florissant, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
MOTHER FATHER
12. Name: Frances Hennequinn
13. Birthplace: France (City, town, or county) (State or foreign country)
14. Maiden name: Catherine Twenguelt
15. Birthplace: France (City, town, or county) (State or foreign country)
16. (a) Informant: Miss. Henrietta Moore
(b) Address: 6335A Ridge Ave.,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 31/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Florissant, Mo.
18. (a) Signature of funeral director: Jos. W. Clark
(b) Address: 1125 Hodiamont Ave.
19. (a) 12-27-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 28 year 1948 hour 6.50 minute A.M. M.
21. I hereby certify that I attended the deceased from ..., 19.. to ..., 19.. that I last saw her alive on Dec 26 Dec 26, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to: Coronary thrombosis	
Due to:	
Other conditions: Arteria Sclerosis (Include pregnancy within 3 months of death)	
Major findings: Senility Arteriosclerosis Senility	
Of operations:	
Of autopsy:	

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? (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: H. L. Bremser (M. D. or other)
Address: 4266 Manchester Date signed: 12/28/48
4266 Manchester 12/28/48

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

Dr. Harry L. Bremser
4266A Manchester Ave.,
JE. 3131-- 1-3 P.M.

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 Anthony Bunn, Registered Apprentice No. 102 working under my personal supervision.

Signed Alfred F. Boedeke

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiamo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.