

FILED JUN 7 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17529

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 4749			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give town or TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		17			
d. FULL NAME OF HOSPITAL OR INSTITUTION 5379 Arlington Ave.				d. STREET ADDRESS (If rural, give location) 5379 Arlington Ave.					
3. NAME OF DECEASED (Type or Print) a. (First) Cella		b. (Middle) M.		c. (Last) Moore		4. DATE OF DEATH (Month) (Day) (Year) May 28, 1949			
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, WIDOWED		8. DATE OF BIRTH Nov. 8, 1877		9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months	IF UNDER 6 HRS. Hours	Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Perryville, Missouri		12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME Joseph Seifert			13b. MOTHER'S MAIDEN NAME Tracey Robinson			14. NAME OF HUSBAND OR WIFE Vincent J. Moore			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Laverne Harrison-5379 Arlington					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Edema of Lungs</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes Mellitus</u> <u>Cardiac Hypertension - Anomalous fibr.</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cushing's Syndrome</u> <u>Arterio sclerosis - generalized</u>						INTERVAL BETWEEN ONSET AND DEATH 12 hrs. 5 yrs. 6 weeks 8 months + 5 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		161			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 260X					
22. I hereby certify that I attended the deceased from 8/16, 1948 to 5/28, 1948, that I last saw the deceased alive on 5/28, 1948, and that death occurred at 5:48 PM from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) John V. Lawrence M.D.				23b. ADDRESS 634 No Grand Ave			23c. DATE SIGNED 5/31/49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/1/49		24c. NAME OF CEMETERY OR CREMATORY Calvary		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.			
DATE REC'D BY LOCAL REG. MAY 31 1949		REGISTRAR'S SIGNATURE J. B. L... ..			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Drehmann-Harral - 1905 Union Blvd.				

(Licensed Embalmer's Statement on Reverse Side)

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

*James R. ...*  
*634 N. ...*

*10:30 To 12:00*

*Mil.*

**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Signed.....

*Albert R. Thompson*

Signed.....  
Student Embalmer

Licensed Embalmer No. *42-37*

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.