

FILED SEP 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32029

State File No. _____

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7957**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY WV	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 4462 A. Cook	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer Phillips			

3. NAME OF DECEASED (Type or Print) a. (First) Lela L. Elmore b. (Middle) Moore c. (Last) MOORE		4. DATE OF DEATH (Month) (Day) (Year) 9 10 49	
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5. SEX F	6. COLOR OR RACE Col.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Sept. 29, 1874	9. AGE (In years last birthday) 74	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 12 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Monroe, La	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Russel W. Elmore	13b. MOTHER'S MAIDEN NAME Mary E. Lee	14. NAME OF HUSBAND OR WIFE S.W. Moore	4462 A Cook
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS A.M. Moore 4462 A Cook	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma Intestine		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Primary C.A. Breast DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) St. Louis
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 170X
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22. I hereby certify that I attended the deceased from **8-30-1949** to **9-10-1949**, that I last saw the deceased alive on **9-10-1949**, and that death occurred at **10:30** m., from the causes and on the date stated above.

23a. SIGNATURE Oral S. Mc Clelland M.D.	(Degree or title)	23b. ADDRESS 4200a Easton Ave: 13	23c. DATE SIGNED 9-13-49
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 9-15-49	24c. NAME OF CEMETERY OR CREMATORY Woods	24d. LOCATION (City, town, or county) (State) St. Louis, Mo
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DATE REC'D BY REG. SEP 14 1949	REGISTRAR'S SIGNATURE J.B. Lasater	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A.L. Beal 4308 Delmar
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MS DEC 14 1960 SA

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.

Student
Student Embalmer

Signed Theodore J. Yank

Licensed Embalmer No. 4243

P. O. Address 14 Wayne

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.