

FILED NOV 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35420**
9197
Registrar's No.

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

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 township) OR TOWN St Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis	
c. LENGTH OF STAY (In this place) 5 days		d. STREET ADDRESS (If rural, give location) 1130 Kentucky	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1431² So Vandeventer			
3. NAME OF DECEASED (Type or Print) a. (First) Sarah b. (Middle) Elizabeth c. (Last) Moore		4. DATE OF DEATH (Month) (Day) (Year) 10-22-1949	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 5-9-1863
9. AGE (In years last birthday) 86		IF UNDER 1 YEAR Month Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework		10b. KIND OF BUSINESS OR INDUSTRY Self	11. BIRTHPLACE (State or foreign country) Salem Mo
12. CITIZEN OF WHAT COUNTRY? usa		13a. FATHER'S NAME Hardy Skiles	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Henry Moore	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hilda Crisler 1431² So Vandeventer			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cholera ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cholera deshydrata DUE TO (c) Granuloid Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH year		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) 97		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? 11:221	
22. I hereby certify that I attended the deceased from 10-14 , 19 49 , to 10-22 , 19 49 , that I last saw the deceased alive on 10-22 , 19 49 , and that death occurred at 8:30 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) J. B. Skiles		23b. ADDRESS 520³ Chapman	
23c. DATE SIGNED 10/24/49		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE 10-26-49		24c. NAME OF CEMETERY OR CREMATORY Near Salem	
24d. LOCATION (City, town, or county) (State) MO		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rowland Mortuary Service Inc. 4164 Manchester Ave. St. Louis 10, Mo.	
DATE REC'D BY LOCAL REG. OCT 26 1949		REGISTRAR'S SIGNATURE J. B. Skiles	

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

2016

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 *Howard A Rowland*

Licensed Embalmer No. *3114*

P. O. Address *St Louis 10 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.