

FILED MAY 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19027

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2113

| | | | | | | |
|--|-------------------------------|---|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>ST. LOUIS</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>VINITA TERRACE</u> | | c. LENGTH OF STAY (in this place) <u>27 YRS</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>VINITA TERRACE 4270</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8104 MONROE AVE</u> | | | d. STREET ADDRESS (If rural, give location) <u>8104 MONROE AVE</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>AGNES</u> b. (Middle) _____ c. (Last) <u>MOORE</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 7-1951</u> | | | |
| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> | 8. DATE OF BIRTH <u>AUG. 17-1871</u> | 9. AGE (In years last birthday) <u>79</u> If under 1 year: Months _____ Days _____ If under 24 hrs.: Hours _____ Mins. _____ | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (State or foreign country) <u>ILLINOIS</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>WM MCDONNELL</u> | | 13b. MOTHER'S MAIDEN NAME <u>BRIDGET FOLEY</u> | | 14. NAME OF HUSBAND OR WIFE <u>JOHN MOORE</u> | | |
| 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 <u>Mrs C.P. Farley-8104 Monroe Ave</u> ADDRESS _____ | | | |
| 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>Arteriosclerotic Heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | INTERVAL BETWEEN ONSET AND DEATH <u>4yr</u> <u>4yr</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>St. Louis, Mo</u> | | |
| 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? _____ | | |
| 22. I hereby certify that I attended the deceased from <u>Jan 1951</u> , to <u>5/7/51</u> , 19____, that I last saw the deceased alive on _____, and that death occurred at <u>2 P. m.</u> , from the causes and on the date stated above. | | | | | | |
| 23a. SIGNATURE <u>W. Sorla</u> (Degree or title) _____ | | | 23b. ADDRESS <u>539 N. Grand</u> | | 23c. DATE SIGNED <u>5/8/51</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>5/10/51</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEM.</u> | | 24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u> | |
| DATE REC'D BY LOCAL REG. <u>5-9-51</u> | | REGISTRAR'S SIGNATURE <u>Robert P. Donke M.D.</u> | | FUNERAL DIRECTOR'S SIGNATURE <u>H. Mollen</u> ADDRESS <u>UND Co. 5165 DELMAR</u> | | |

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

4000
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Mr MEZERA.
539 No. 6th St. ...
JE 9284

Mr Mezera

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 Ronald O. Yoshoke

Licensed Embalmer No. 3917

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.