

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **25019**  
**5890**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>	PRIMARY REG. DIST. NO. <b>1003</b>	Registrar's No. _____
1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (in this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b> <b>2129</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Lukes Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>5560 Pershing Avenue</b>		
3. NAME OF DECEASED (Type or Print) <b>DOROTHY</b>		a. (First) _____	b. (Middle) _____	c. (Last) <b>MOKE</b>
4. DATE OF DEATH <b>JUNE 30 1951</b>		5. SEX <b>Female</b>		
6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced 3</b>		8. DATE OF BIRTH <b>Oct. 7, 1900</b>
9. AGE (In years last birthday) <b>50</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clerk</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clerk</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>War Dep't</b>		12. CITIZEN OF WHAT COUNTRY <b>U</b>
13a. FATHER'S NAME <b>George A. Moke</b>		13b. MOTHER'S MAIDEN NAME <b>Louise D. Heitzeberg</b>		14. NAME OF HUSBAND OR WIFE <b>Carl Sendlin</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. E. M. Williamson</b>
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Left Breast with metastasis to left lung and brain.</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO <b>aged brain.</b> DUE TO <b>use</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 mos.</b>
19a. DATE OF OPERATION <b>6/19/51</b>		19b. MAJOR FINDINGS OF OPERATION <b>as above</b>		20. AUTOPSY? YES <input checked="" 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) _____
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? <b>170X</b>
22. I hereby certify that I attended the deceased from <b>6/25</b> , 1951, to <b>6/30</b> , 1951, that I last saw the deceased alive on <b>6/30</b> , 1951, and that death occurred at <b>9 A</b> m., from the causes and on the date stated above.				
23a. SIGNATURE <b>[Signature]</b>		23b. ADDRESS <b>M. D. 3720 Washington Avenue</b>		23c. DATE SIGNED <b>6/30/51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7/2/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Bellefontaine Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>		
DATE REC'D BY LOCAL REG. <b>[Signature]</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		ADDRESS <b>Ambruster Mortuary 6633 Clayton Road</b>

(Licensed Embalmer's Statement on Reverse Side)

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

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

Signed.....

Student Embalmer

Licensed Embalmer No. 1994

P. O. Address \_\_\_\_\_

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.