

FILED JUN 2 1952

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18951

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1348

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>University City</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Olivette</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>University City</b>	
c. LENGTH OF STAY (in this place) <b>2yrs</b>		4376	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Old Bonhomme Restorium</b>		d. STREET ADDRESS (If rural, give location) <b>722Brittany Lane</b>	

3. NAME OF DECEASED a. (First) <b>Ida</b> (Type or Print)		b. (Middle) <b>NMI</b>		c. (Last) <b>Moots</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 22, 1952</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>		8. DATE OF BIRTH <b>July 14, 1867</b>		9. AGE (In years last birthday) <b>84yrs</b> If under 1 year: Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>Retired Spinster</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Towanda, Ill.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>Samuel Moots</b>		13b. MOTHER'S MAIDEN NAME <b>None</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Dr. S. W. Haigler</b>		ADDRESS <b>722 Brittany Lane</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchial pneumonia</b>						<b>2 days</b>	
*This does not mean the mode of dying, such as heart failure, ashenic, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		DUE TO (b) <b>Arterio-sclerotic Heart Disease with Hypertension</b>		<b>10 yrs</b>	
				DUE TO (c) <b>Cerebral Accidents &amp; brain lesion</b>		<b>3 yrs</b>	
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)	
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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	
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22. I hereby certify that I attended the deceased from **Jan 1948** to **May 22, 1952**, that I last saw the deceased alive on **May 21, 1952**, and that death occurred at **11:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Dr. S. W. Haigler M.D.</b>		23b. ADDRESS <b>University City, Mo</b>		23c. DATE SIGNED <b>5/22/52</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>May 23, 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Bishop Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Towanda, Ill.</b>	
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DATE REC'D BY LOCAL REG. <b>5-23-52</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Dornbe MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Gleason &amp; Sons</b>		ADDRESS <b>6175 Delmar</b>	
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50 (Transcribed Embellisher's Statement on Reverse Side)

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

1000  
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**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 Geo. E. McCulloch

Licensed Embalmer No. 2460

P. O. Address 6175 - Ddmar

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.