

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1758

State File No. **23024**

No. 300
10-48

FILED JUL 5 1952

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **548** Registrar's No. **1758**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webster Groves, Mo		c. LENGTH OF STAY (In this place) 20 yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bethesda Dillworth Home		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webster Groves 4727	
		f. STREET ADDRESS (If rural, give location) 1001 Big Bend Road 0	

3. NAME OF DECEASED (Type or Print) a. (First) Sarah b. (Middle) Elizabeth c. (Last) Moore			4. DATE OF DEATH (Month) (Day) (Year) June 28, 1952		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	
8. DATE OF BIRTH Oct 6 1860		9. AGE (In years last birthday) 91		10. IF UNDER 1 YEAR Months Days	
11. BIRTHPLACE (City and State or Foreign Country) Troy, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home			

13a. FATHER'S NAME Josiah C. Moore		13b. MOTHER'S MAIDEN NAME Mary Ribley		14. NAME OF HUSBAND OR WIFE Nil	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. Nil		17. INFORMANT'S SIGNATURE OR NAME Judge Moore, 5883 Etzel Avenue.	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Sclerosis ANTECEDENT CAUSES Meningitis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Meningitis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Invalid 69 years				INTERVAL BETWEEN ONSET AND DEATH Chr - 13 yrs	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min)		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 **June 1950**, to **June 28, 1952**, that I last saw the deceased alive on **June 27, 1952**, and that death occurred at **5:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. Seabaugh M.D.		23b. ADDRESS Webster Groves Mo.		23c. DATE SIGNED 6-28-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6-28-52		24c. NAME OF CEMETERY OR CREMATORY Troy	
		24d. LOCATION (City, town, or county) (State) Troy, Missouri			

DATE REC'D BY LOCAL REG. 6-28-52		REGISTRAR'S SIGNATURE Herbert R. Donke M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe, 4700 Washington	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 5 1958

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 *John Dinsley* _____

Licensed Embalmer No. *3653*

P. O. Address *St Louis 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.