.S. No. 300
ev. 10.48

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

FILED OCT 11 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33253

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8885

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St.Louis
c. LENGTH OF STAY (In this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): De Paul Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: St Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Normandy 415-1
d. STREET ADDRESS (If rural, give location): 3805 Colonial Ave

3. NAME OF DECEASED (Type or Print)
a. (First): Sarah
b. (Middle): C.
c. (Last): Moore

4. DATE OF DEATH (Month) (Day) (Year): September 21 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 17 1900
9. AGE (In years last birthday): 52 — If under 1 year: Months ___ 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: OWN HOME
11. BIRTHPLACE (City and State or Foreign Country): St.Louis Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: George Greeley Carl
13b. MOTHER'S MAIDEN NAME: Margaret White
14. NAME OF HUSBAND OR WIFE: Ray B. Moore
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): NONE
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S SIGNATURE OR NAME: Ray B. Moore
ADDRESS: 3805 Colonial Ave

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) Carcinoma Left Breast — INTERVAL BETWEEN ONSET AND DEATH: 7 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) With Ulcer Metastasis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2-23-52
19b. MAJOR FINDINGS OF OPERATION: Carcinoma Left Breast
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): 0
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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 170.1

22. *I hereby certify that I attended the deceased from* Jan, 1952, *to* 9-21, 1952, *that I last saw the deceased alive on* 9-21, 1952, *and that death occurred at* 3 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: M D Johnson (Degree or title) M.D.
23b. ADDRESS: Ferguson Mo
23c. DATE SIGNED: 9-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Sept 24 1952
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery
24d. LOCATION (City, town, or county) (State): St.Louis Co Mo

DATE REC'D BY LOCAL REG. SEP 23 1952
REGISTRAR'S SIGNATURE: J Carl Smith MD
SEP 23 1952
25. FUNERAL DIRECTOR'S SIGNATURE: Calvin F Feutz
ADDRESS: 4828 Nat Bridge Blvd
(Licensed Embalmer's Statement on Reverse Side)

40.N.Florissant Rd
VI 7-1302
4 P.M.

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 A. Mlinar

Licensed Embalmer No. 4186

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.