

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

State File No. 34556

FILED OCT 9 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 548 Registrar's No. 2506

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY ST. LOUIS	
b. CITY OR TOWN WEBSTER GROVES	c. LENGTH OF STAY (In this place) 1 YR.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WEBSTER GROVES	
d. FULL NAME OF HOSPITAL OR INSTITUTION 208 W CEDAR AVE		d. STREET ADDRESS (If rural, give location) 209 W. CEDAR AVE	

3. NAME OF DECEASED (Type or Print) EUGENIA THOMAS MOORE	a. (First) EUGENIA	b. (Middle) THOMAS	c. (Last) MOORE	4. DATE OF DEATH (Month) (Day) (Year) 9-24-1953
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 10-25-1861	9. AGE (In years last birthday) 91	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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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	11. BIRTHPLACE (City and State or Foreign Country) LOUISBURG N. C.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME M. C. THOMAS	13b. MOTHER'S MAIDEN NAME HENRIETTA LEA	14. NAME OF HUSBAND OR WIFE M. H. MOORE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME F. P. Gaunt	ADDRESS 209 W. Cedar Ave
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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		INTERVAL BETWEEN ONSET AND DEATH 11 mo
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Pancreas		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Sensility DUE TO (c) -		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		157X	

19a. DATE OF OPERATION 12/2/52	19b. MAJOR FINDINGS OF OPERATION Carcinoma head of Pancreas - Jaundice	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) none	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) none	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 **1952**, 19, to **9/24/53**, 19, that I last saw the deceased alive on **9/24/53**, 19, and that death occurred at **10:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Frank P. Gaunt MD	(Degree or title) MD	23b. ADDRESS 132 N. GORE Webster Grove Mo	23c. DATE SIGNED 9/24/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 9-25-1953	24c. NAME OF CEMETERY OR CREMATORY ROBERTS CEM.	24d. LOCATION (City, town, or county) (State) WEAVERVILLE N. C.
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DATE REC'D BY LOCAL REG. 9/24/53	REGISTRAR'S SIGNATURE Herbert K. Donke M.D. Parker	25. FUNERAL DIRECTOR'S SIGNATURE F. Home Webster Grove	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

mo.

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 _____

Leticia Walsh

Licensed Embalmer No. 4395

P. O. Address Hoboken, N. J.

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.