

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42642

State File No.

10971

FILED DEC 17 1954

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

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY 2109a

b. CITY (If outside corporate limits, write RURAL and give township)
OR TOWN St. Louis

c. CITY OR TOWN Sts Louis

d. Is Residence within limits of a city or incorporated town?
Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Pacific Hospital

STREET ADDRESS (If rural, give location)
10 4140 San Francisco Ave

3. NAME OF DECEASED
a. (First) Anna b. (Middle) Jane c. (Last) Moore

4. DATE OF DEATH
(Month) Dec. (Day) 1 (Year) 1954

5. SEX Female 6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH June 9 1882 9. AGE (In years, months, days, hours, mins.)
72 yrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (City and State or Foreign Country)
St. Louis

12. CITIZEN OF WHAT COUNTRY?
0

13a. FATHER'S NAME
Edward Walsh

13b. MOTHER'S MAIDEN NAME
M. Margaret Rooney

14. NAME OF HUSBAND OR WIFE
David W. Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.
none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
David Moore 4140 San Francisco

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Adenocarcinoma

* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES
As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) primary cancer of Rt. breast
myocardial degeneration
DUE TO (c) auricular fibrillation
arteriosclerosis

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

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO

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) (Minute)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?
170X

22. I hereby certify that I attended the deceased from Sept, 1953, to Nov. 30, 1954, that I last saw the deceased alive on Dec, 1954, and that death occurred at 2 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
John A. Hartwig M.D.

23b. ADDRESS
2807 N. Grand Blvd.

23c. DATE SIGNED
12/2/54

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE
Dec. 4 1954

24c. NAME OF CEMETERY OR CREMATORY
Calvary

24d. LOCATION (City, town, or county) (State)
St. Louis

DATE REC'D BY LOCAL REG.
DEC 2 1954

REGISTRAR'S SIGNATURE
Paul Smith M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Sullivan's 2819 N. Euclid

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Albert Mayfield*

Licensed Embalmer No. *30*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.