

FILED JUN 30 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20595

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 543		Registrar's No. 1336	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN [REDACTED] - JENNINGS		c. LENGTH OF STAY (In this place) 2 yrs		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Halls Ferry Memoria Home				STREET ADDRESS (If rural, give location) #2115 Cappell Drive -- 2809			
3. NAME OF DECEASED (Type or Print) a. (First) Mrs. Arville Moore... b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) June 10 1955				
5. SEX Female		6. COLOR OR RACE White..		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow.		8. DATE OF BIRTH [REDACTED] About 85 yrs	
9. AGE (In years last birthday) About 85 yrs		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work [REDACTED]		10b. KIND OF BUSINESS OR INDUSTRY Housewife..		11. BIRTHPLACE (City and State or Foreign Country) / 12. CITIZEN OF WHAT COUNTRY? Detroit Michigan. / USA..	
13a. FATHER'S NAME [REDACTED] UNKNOWN		13b. MOTHER'S MAIDEN NAME [REDACTED] UNKNOWN		14. NAME OF HUSBAND OR WIFE Samuel W. Moore..			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None...		17. INFORMANT'S SIGNATURE OR NAME EST. ADDRESS [Signature] 915 Penn.			
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 3 months			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cachexia.				DUE TO (b) Carcinoma of right breast over with bone, liver metastases 2 years			
II. OTHER SIGNIFICANT CONDITIONS Arteriosclerosis							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		170X	
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) m.		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 April 26 1955 to June 10, 1955, that I last saw the deceased alive on May 30, 1955, and that death occurred at St. Louis from the causes and on the date stated above.							
23a. SIGNATURE Lewis L. Lutzmann MD				23b. ADDRESS 8231 Clayton Rd (17)		23c. DATE SIGNED 6-11-55	
24a. DATE OF CREMATION REMOVAL		24b. DATE 6/13/1955		24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cmty.		24d. LOCATION (City, town, or county) (State) Belleville, Illinois.	
DATE REC'D BY LOCAL REG. 6/11/55		REGISTRAR'S SIGNATURE Herbert P. Donke, MD		25. FUNERAL DIRECTOR'S SIGNATURE Geo. W. Bruehler		ADDRESS #2218 State St. St. Louis, Ill.	

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. 2476, working under my ~~personal~~ supervision..

Student .....,  
Signature of Student Embalmer

Signed Ben Baldwin

Licensed Embalmer No. 2476

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.