

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34686

FILED OCT 24 1955

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8716**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>California</b> b. COUNTY	
b. CITY OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>Otay</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>6-days</b>		STREET ADDRESS (If rural, give location) <b>4044</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>DePaul Hospital</b>			

3. NAME OF DECEASED (Type or Print) <b>Wilhelmina DeMoore</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 5, 1955</b>			
5. SEX <b>F.</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>W.</b>	8. DATE OF BIRTH <b>May 31, 1872</b>	9. AGE (In years last birthday) <b>83</b>	IF UNDER 1 YEAR Months <b>4</b> Days <b>4</b>	IF UNDER 24 HRS. Hours <b>4</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife-at Home</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>

13a. FATHER'S NAME <b>Lorenz Koerper</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Peter F. DeMoore</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Rose Naes, 6907 Ira Ave., Northwoods</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<b>Surgical Shock</b>		<b>15 min.</b>	
ANTECEDENT CAUSES		DUE TO (b)			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		<b>Surgery for Intestinal Obstruction</b>			
		DUE TO (c)		<b>8 years.</b>	
		<b>Regional Ileitis</b>			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <b>Oct 5, 1955</b>		19b. MAJOR FINDINGS OF OPERATION <b>Regional Ileitis</b>		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) <b>572.0</b>	
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 **Sept 20**, 1955, to **Oct 5**, 1955, that I last saw the deceased alive on **Oct 5**, 1955, and that death occurred at **12:30 pm**, from the causes and on the date stated above.

23a. SIGNATURE <b>Joseph A. Roy, M.D.</b>		23b. ADDRESS <b>3720 Washington Blvd.</b>		23c. DATE SIGNED <b>Oct 6, 1955</b>	
24a. BURIAL, CREMATION, EMBALM (Specify) <b>Burial</b>		24b. DATE <b>Oct. 8, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olive Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>	

DATE REC'D BY LOCAL REG. <b>OCT 6 1955</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Arthur J. Donnell, 810 Lindell Blvd.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

VS  
AUG 16 1960

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

Student.....  
Signature of Student Embalmer

Signed [Signature].....

Licensed Embalmer No. 46  
P. O. Address 3840

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.