MAR 5 - 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

File No. 8064
Registered No. 1490

1. PLACE OF DEATH

County
Township
City St. Louis, Mo. (No. 5351 Delmar Blvd. St. Ward)

Registration District No. 791
Primary Registration District No. 1003

2. FULL NAME Edward Fitzroy Moore,

(a) Residence, No. 5351 Delmar Blvd., St., 12 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED. HUSBAND OF (OR) WIFE OF Edna Metz Moore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15, 1862

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	74	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret. Realtor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

FATHER

13. NAME Thomas M. Moore

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

MOTHER

15. MAIDEN NAME Emma Fitzroy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buffalo, New York

17. INFORMANT Mrs Wilmoth Vogler
(ADDRESS) 5351 Delmar St. Louis Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove Cem. DATE Feb. 4-1937, 19

19. UNDERTAKER Alexander & Sons
(ADDRESS) 6175 Delmar

20. FILED FEB 3 - 1937, 19 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 2, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from July 10-, 1936, to Feb. 2, 1937, 19
I last saw him alive on January 31, 1937, 19. Death is said to have occurred on the date stated above, at 6.55 A. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	6 Mths
Other contributory causes of importance:	
Senility	4 Mths

Name of operation ---------- Date of ----
What test confirmed diagnosis? Phy. Ex. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? -------- Date of injury ----, 19--
Where did injury occur? ----------
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ----------
Nature of injury ----------

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Allen Cameron, M. D.
(Address) 508 N. Grand Blvd.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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