

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.

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

30359
Do not use this space.

RECD OCT 12 1938

1. PLACE OF DEATH
(a) County 1 Registration District No. 008
(b) Township Primary Registration District No.
(c) City St. Louis (d) Street No. 4123 Chouteau Ave St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 21 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME George T. Moore
(a) Residence, No. 4123 Chouteau St. 18 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS
3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Husband of Margaret
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 8, 1859
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 10 23
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as saw mill, bank, etc. Contractor
10. Date deceased last worked at this occupation (month and year) 1918 11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
FATHER 13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
MOTHER 15. MAIDEN NAME Amanda Free
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
17. INFORMANT J. H. Zellers
(ADDRESS) 4123 Chouteau
18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cem. DATE Sept. 3, 1938
19. FUNERAL DIRECTOR A. W. McLaughlin
(ADDRESS) 2301 Lafayette
20. FILED SEP - 2 1938 J. B. Bredley
Local Registrar

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 1, 1938
22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1938, to Sept 1 1938
I last saw him alive on Sept 1 1938. Death is said to have occurred on the date stated above, at 1:20 PM.
The principal cause of death and related causes of importance were as follows:
Acute Myocarditis, caused by chronic myocarditis
Date of onset 2 days
Other contributory causes of importance: Arteriosclerosis 5 yrs
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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 Antonie Hill M. D.
(Signed) Antonie Hill (Address) 1625 Tower Farm

STATEMENT BY LICENSED EMBALMER

I, L.R. Cooper, Licensed Embalmer No. 3633

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed L.R. Cooper

Licensed Embalmer No. 3633

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.)