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.

DEC 12 1938

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

37923
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 791

(b) Township ..... Primary Registration District No. 1002 Registered No. 10250

(c) City St. Louis (d) Street No. Josephine Hospital 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 600 Michael J. Moore

(a) Residence, No. 3964a Botanical Ave. St. 17
(Usual place of abode, if no street address, write county or city) (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: Mary Moore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unk. Unk. 1873

7. AGE: YEARS 65 MONTHS Unk. DAYS Unk. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Retired City-
9. Industry or business in which work was done, as saw mill, bank, etc.: Fireman
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): Ireland 5

FATHER
13. NAME: Patrick Moore
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland 5

MOTHER
15. MAIDEN NAME: Margaret Cane
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland 5

17. INFORMANT (ADDRESS): Margaret Moore, 3964a Botanical Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE Nov. 28, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Arthur J. Donnelly, 3840 Lindell Blvd.

20. FILED NOV 26 1938 J. F. Bredeck, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1925, 19..., to 1938, 19...
I last saw him alive on 11/25/38, 19... Death is said to have occurred on the date stated above, at 12:55 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial asthma	1/1/25
Other contributory causes of importance:	
Mitral Regurgitation	5/10/30

Name of operation: None Date of .....
What test confirmed diagnosis? Lab. Physical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No. 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? .....
If so, specify .....
(Signed) Stephen Pereau, M. D.
(Address) 3202 Park

(Licensed Embalmer's Statement on Reverse Side)

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 .....

Registered Apprentice No....., working under my personal supervision.

Signed Alfred J. Boedeker

Licensed Embalmer No. 2663

P. O. Address 4264 Prairie

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.