

AN - 7 1939
 FEB 7 1939

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

3834
 Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
 (b) Township Warrenton Primary Registration District No. 210
 (c) City Overland (d) Street No. 2320 Wood Ave Registered No. 30
 (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

(a) Residence, No. 2320 Wood St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 E Moore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 18 1860

7. AGE YEARS 78 MONTHS 1 DAYS 19 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Un-employed
 9. Industry or business in which work was done, as 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) Perryville Mo.

FATHER 13. NAME James W. Moore

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

MOTHER 15. MAIDEN NAME Josephine Kamp

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Clarence Moore 2320 Wood Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Jan. 9 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Bauman Bros. Overland Mo.

20. FILED JAN - 7 1939 R. K. Meyer, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 6 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 23 1937 to Jan. 6 1939

I last saw him alive on Jan. 5 1939. Death is said to have occurred on the date stated above, at 121 N. N. N.

The principal cause of death and related causes of importance were as follows:

Apoplexy
82 W

Date of onset 1-6-39

Other contributory causes of importance: Hypertension - For past 4 yrs.

Name of operation None Date of —
 What test confirmed diagnosis? Chincol 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? No.
 If so, specify —

(Signed) Roy A. Keltner M. D.
2438 Woodman St. Overland, Mo.

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.

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

Oscar F. Mueller

Licensed Embalmer No.

3039

P. O. Address

Overland Mo

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