

1939 MAR 13

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

4397
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis, Mo. Registration District No. 791
(b) Township 1 Primary Registration District No. 1003
(c) City St. Louis, Mo. (d) Street No. 4421 Westminister Plc. Registered No. 1090
(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. 600 Richard Moore
4421 Westminister Plc. St. 19
(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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Florence W. Moore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-13-1860

7. AGE YEARS 78 MONTHS 4 DAYS 19 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired - Paint Mfg.
9. Industry or business in which work was done, as saw mill, bank, etc. Paint Mfg.
10. Date deceased last worked at this occupation (month and year) Benjamin Moore Paint Co. 11. Total time (years) spent in this occupation 96

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

FATHER 13. NAME Benjamin Moore

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

MOTHER 15. MAIDEN NAME Eliza Colson

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

17. INFORMANT Florence Moore
(ADDRESS) # 4421 Westminister

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Maus. DATE Feb'y-3-39

19. FUNERAL DIRECTOR C. R. Wupton + Sons
(ADDRESS) # 7233 Delmar Blvd.

20. FILED FEB 2 1939 J. D. Bulech Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb'y - 1st 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 34 1934 to Feb'y 1 1939
I last saw him alive on 2-1-39 1939 Death is said to have occurred on the date stated above, at 3 P.M.

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

Ruptured abdominal aneurysm
(or aortic disease)
Date of onset 96

Other contributory causes of importance: Certified non tubercular

Name of operation: _____ Date of: _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

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? _____
If so, specify _____
(Signed) J. D. Bulech, M. D.
(Address) 3720 Washington St. St. Louis

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.

