

APR 12 1939

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

8978  
Do not use this space.

791  
1003

Registered No. 2743

1. PLACE OF DEATH

(a) County ..... 2 Registration District No. ....  
(b) Township ..... Primary Registration District No. ....  
(c) City St Louis (d) Street No. 4630 Maffitt 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 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Benjamin Moore

(a) Residence, No. 4630 Maffitt Ave 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harriet Wagner Moore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 13th 1894

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, or hrs. min.  
44 3 8

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Shoe Worker  
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) St Louis (STATE OR COUNTRY) Missouri

FATHER 13. NAME Benjamin Moore

14. BIRTHPLACE (CITY OR TOWN) Alton (STATE OR COUNTRY) Illinois

MOTHER 15. MAIDEN NAME Ella Lewbs

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

17. INFORMANT Mrs Harriet Moore (ADDRESS) 4630 Maffitt Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla DATE March 24, 1939

19. FUNERAL DIRECTOR (NAME) Stroott - Carroll (ADDRESS) 4600 Natural Bridge Ave

20. FILED MAR 23 1939 J. B. Brudner Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 21st 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 20 1939, to March 21 1939  
I last saw him alive on Mar 21 1939. Death is said to have occurred on the date stated above, at 5.45p  
The principal cause of death and related causes of importance were as follows:

Rheumatic Heart Disease  
Mitral Stenosis & Regurgitation  
Connective Heart Failure  
Atrial Fibrillation  
Other contributory causes of importance:  
None

Name of operation None Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? Mr

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? Mr  
If so, specify .....  
(Signed) Robert G. Farrell, M.D.  
(Address) 624 N. Union

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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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**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

*Sheldon Collier*

Licensed Embalmer No

*3382*

P. O. Address.....

**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.**