

JAN 12 1940 791

Registration District No. **1009**

Primary Registration District No. _____

Registrar's No. **10679**

1. PLACE OF DEATH: **2**
 (a) County _____
 (b) City or town **St. Louis, Mo.**
 (c) Name of hospital or institution: **2503a Hodiamont Ave.**
 (d) Length of stay: In hospital or institution **68 Years.**
 In this community **68 Years.**

2. USUAL RESIDENCE OF DECEASED: **1**
 (a) State **Mo.** (b) County _____
 (c) City or town **St. Louis, Mo.**
 (d) Street No. **2503a Hodiamont Ave.**
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME **Edward William Moore.**
 (b) If veteran, name war **None**
 (c) Social Security No. **None**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **December** day **13th.**
 year **1939** hour **8.** minute **45 AM.**

4. Sex **Male** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Anna Moore.**
 6. (c) Age of husband or wife if alive **60** years
 7. Birth date of deceased **February 17, 1871**

21. I hereby certify that I attended the deceased from **8-12-**
1939 to **Nov. 13**, 19**39**;
 that I last saw him alive on **Nov. 13**, 19**39**;
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	68	9	26	hr. _____ min.

Immediate cause of death **Acute Bronchitis** Duration **24 days**
 Due to _____
 Due to **Chronic Endocarditis** **8 years**
Rheumatoid Arthritis **8 years**
 Other conditions (Includes pregnancy within 3 months of death) _____
 Major findings: _____
 Of operations _____
 Of autopsy **m**

9. Birthplace **St. Louis, Mo.**
 10. Usual occupation **Machinist-Retired.**

11. Industry or business _____
 12. Name **Michael Moore.**
 13. Birthplace **Ireland.**
 14. Maiden name **Mary Vell.**
 15. Birthplace **Ireland.**

PHYSICIAN
 Underline the cause to which death should be charged statistically

16. (a) Informant's own signature **Mrs. Anna Moore**
 (b) Address **2503a Hodiamont Ave.**

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

17. (a) **Burial** (b) Date thereof **Dec. 16-39**
 (c) Place: burial or cremation **Calvary Cemetery.**
 18. (a) Signature of funeral director **Arthur J. Donnelly**
 (b) Address **3840 Lindell Blvd**

While at work? _____ (Specify type of place)
 (e) Means of injury **1**
 23. Signature **J. W. Mairson** (M. D. or other)
 Address **539 N. Grand** Date signed **12-15-39**

19. **DEC 14 1939** (b) **J. J. [Signature]**
 (Data received local registrar) (Registrar's signature)

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.

W. W. Green
Humboldt 1909

16-12

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 4204 Prairie

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.