

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 23408

Registrar's No. 5859

REC'D AUG 25 1940
Registration District No. 791

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Rural After NR
(If outside city or town limits, write "RURAL")
(d) Street No. 9336 McKenzie Rd.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

8. (a) PRINT FULL NAME James E. Moore 600

8. (b) If veteran, name war World war 8. (c) Social Security No. 494-09-3985

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Helen Mumper 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased June 16 1900
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	40	0	24	hr. _____ min.

9. Birthplace East Prairie Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Brewery worker

11. Industry or business _____

12. Name Edward Moore 9

13. Birthplace Nashville Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Carrie Crshaw

15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Helen Moore

(b) Address 9336 McKenzie Road

17. (a) Burial (b) Date thereof July 13, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director John K Zuginhera & Sons
(b) Address 7027 Grand Ave

19. (a) JUL 12 1940 (b) J. B. Basileck
(Date received local registrar) (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10
year 1940 hour 9 minute 45 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Submucous hemorrhage
Severe laceration of head
by fall from roof of building
which occurred when truck
driven by deceased struck
garage at Chippewa and
Graves about 12:30 PM
July 10 1940 when deceased
lost control of same

Major findings: _____
Of operations: _____

Of autopsy 210
27

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence July 10 1940

(c) Where did injury occur? St. Louis Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industry, place, in public place?
Public Place
While at work? no (Specify type of place) (e) Means of injury auto

23. Signature John K Zuginhera (M. D. or other)

Address 7027 Grand Ave Date signed _____

Physician
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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..... *C. P. Kidwell*

Licensed Embalmer No. *3877*

P. O. Address *7027 Grand*

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.