

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6169 Waterman Ave.
(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

8. (a) PRINT FULL NAME John Virgil Moore

8. (b) If veteran, name war None
8. (c) Social Security No. 499-01-780

4. Sex M. 5. Color or race W.
6. (a) Single, widowed, married, divorced S.

6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 19, 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
47 10 4 _____ hr. _____ min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Auditor

11. Industry or business Chain of Rocks Bridge

MOTHER FATHER
12. Name John T. Moore
13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Farrell
15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary M. Moore
(b) Address 6169 Waterman Ave.

17. (a) Burial (b) Date thereof 7-26-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Honnelly
(b) Address 3840 Lindell Blvd.

19. (a) AUG 24 1940 (b) J. F. Bredich
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis 5
(If outside city or town limits, write "RURAL.")
(d) Street No. 6169 Waterman Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23rd.
year 1940 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 23
1940 to July 23, 1940
that I last saw him alive on July 23, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis 14 hr.

Due to Coronary-Vascular Disease
Arterial Hypertension

Due to Many yrs. 7

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: None
Of operations: _____
Of autopsy: None

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

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 _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Frank D. Gahan (M. D. or other)
Address 125 1/2 45th St. Date signed Jul 27

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 W. Van Matre

Licensed Embalmer No. 2825

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.