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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED MAY 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12650

Registrar's No. 3080

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 Days
In this community 60 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 1710
(If outside city or town limits, write "RURAL")
(d) Street No. 4125 Harris Ave. 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7,
year 1941 hour 9:20 minute A. M.
21. I hereby certify that I attended the deceased from March
20, 19 41 to April 7, 19 41;
that I last saw him alive on April 7, 19 41;
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Tuberculosis. Duration

Due to: arteriosclerosis

Other conditions: None
(Include pregnancy within 3 months of death)

Major findings: None Of operations None Of autopsy As above. 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?

23. Signature Samuel M. Murphy M.D. (Seal)
Address 1515 Lafayette Ave. While at work? (Specify type of place) (e) Means of injury 0

3. (a) PRINT FULL NAME Percy Moore

3. (b) If veteran, name war No 3. (c) Social Security No. 492-03-7426

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sarah Moore 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased June 29, 1880
(Month) (Day) (Year)

8. AGE: Years 60 Months 9 Days 8 If less than one day hr. min.

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

10. Usual occupation Clerk

11. Industry or business Shapleigh Hdw. Co.

12. Name Frank Moore

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

14. Maiden name Katherine O'Neil

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

16. (a) Informant Mrs. Sarah Moore

(b) Address 4125 Harris Ave.,

17. (a) Burial (b) Date thereof Apr. 10, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Wm. J. Pascheda
(b) Address 2825 N. Grand Blvd.

19. (a) APR - 8 1941 (b) J. T. Brubaker
(Date received local registrar) (Registrar's signature)

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.....

Guy W. Wilkinso

Licensed Embalmer No.....

3575

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, fact should be so stated above.