

Aug 6 1942 91

State File No.

Registration District No.

Primary Registration District No. 1003

Registrar's No. 6076

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

1. PLACE OF DEATH:

(a) County ST. LOUIS MO

(b) City or town ST. LOUIS MO
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
7923 WATER 1 ST.
(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 000

(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL") 9

(d) Street No. 7923 WATER ST.
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country 0

3. (a) FREDERICK MOORE
FULL NAME

3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month July day 15TH
year 1942 hour 9 minute 5 P.M.

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

that I last saw h..... alive on....., 19.....
and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race W

6. (a) Single, widowed, married, divorced. 0

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

7. Birth date of deceased 7 15 42
(Month) (Day) (Year)

Immediate cause of death.....
Prematurity

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

8. AGE: Years Months Days If less than one day
7 hr. 45 min.

9. Birthplace ST. LOUIS MO
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

12. Name MARGARET MOORE

13. Birthplace ST. LOUIS, MO
(City, town, or county) (State or foreign country)

14. Maiden name CONSTANCE KEMPER

15. Birthplace ST. LOUIS MO
(City, town, or county) (State or foreign country)

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

16. (a) Informant Parsons Moore

(b) Address 7923 Water St.

17. (a) Burial (b) Date thereof 7 16 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation M.T. OLIVE CEMETERY

18. (a) Signature of funeral director SOUTHERN FUNERAL HOME

(b) Address 6322 S. GRAND AVE.

19. (a) JUL 18 1942 (b) J. F. [Signature]
(Date received local health officer) (Registrar's signature)

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 3

23. Signature Thomas F. Callahan (or other)
Address Deputy Coroner Date signed 7/14/42

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..... *Virgil L. Berryman*
Licensed Embalmer No. *14018*
P. O. Address..... *St. Louis Mo.*

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.