

FILED AUG 3 1942

Registration District No. **734** Primary Registration District No. **2nd**

1. PLACE OF DEATH

(a) County: **St. Louis**

(b) City or town: **Manchester**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Pine Crest Nursing Home**
(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)

3. (a) PRINT FULL NAME: **Lawrence F. Moore**

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: **Male**

5. Color or race: **White**

6. (a) Single, widowed, married, divorced: **Wid**

6. (b) Name of husband or wife: **Marge Moore**

6. (c) Age of husband or wife if alive: **65** years

7. Birth date of deceased: **Sept 1 1862**
(Month) (Day) (Year)

8. AGE: Years **79** Months **10** Days **22** If less than one day hr. min.

9. Birthplace: **Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation: **None**

11. Industry or business

MOTHER FATHER

12. Name: **Leann Moore**

13. Birthplace: **Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name: **Unknown**

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

16. (a) Informant: **Eugene Moore**

(b) Address: **1512 S. 1st St**

17. (a) **Cremation** (b) Date thereof: **7-27-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: **burial or cremation** **Waffalla Crem**

18. (a) Signature of funeral director: **Louis H. Bopp Inc**

(b) Address: **1512 S. 1st St**

19. (a) **JUL 27 1942** (b) **LSM Boman MD**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: **MO** (b) County: **1503**

(c) City or town: **Iesta**
(If outside city or town limits, write "RURAL")

(d) Street No.: **#6 Ryan St**
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **23rd** year **1942** hour **10** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **June 9th**, 1942, to **July 23rd**, 1942 that I last saw him alive on **July 23rd**, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: **Carcinosis of liver**

Due to

Due to

Other conditions: **Chronic Myocarditis**
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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: **R. W. Jansen** (M. D. or other)

Address: **Manchester** Date signed: **7/23/42**

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

96000

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

Louis H. Boff

Licensed Embalmer No.....

921

P. O. Address.....

Hickwood Md

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.