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v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 1 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41995

Registration District No. 784 Primary Registration District No. 115 Registrar's No. 2718

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 8114 Gannon 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 60 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96 3 5

(c) City or town ~~St. Louis~~ U.C.
(If outside city or town limits, write "RURAL")

(d) Street No. 5705 Chamberlain Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Patrick J. Moore

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M.

5. Color or race W.

6. (a) Single, widowed, married, divorced M. /

6. (b) Name of husband or wife Mary Moore

6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased Unk. (Month) Unk. (Day) 1858 (Year)

8. AGE:

Years	Months	Days	If less than one day
84	Unk.	Unk.	..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Ireland 4 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Plastering

FATHER
12. Name Jeremiah Moore
13. Birthplace ..... (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Mary Coughlin
15. Birthplace ..... (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant Mr. Wm. A. Moore
(b) Address 5705 Chamberlain Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-23-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

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

19. (a) DEC 22 1942 (Date received local registrar) (b) E. G. McGanon MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 20th., year 1942 hour 1 minute p. M.

21. I hereby certify that I attended the deceased from Nov. 25, 1942, 19..., to Dec. 20, 1942, 19...; that I last saw him alive on Dec. 20, 1942, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death General Arteriosclerosis, To my knowledge, Nov. 25,	1942
Due to	
Due to	
Other conditions Uremia, Dec. 10, (Include pregnancy within 3 months of death)	1942

Major findings:
Of operations ---------
Of autopsy ---------

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

23. Signature [signature] (M.D. or other)
Address 320 Metropolitan Bldg. Date signed 12/21/42

(Licensed Embalmer's Statement on Reverse Side)

Metro.Bldg.

1-3

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.

V. S. No. 2B
10M—8-21-41
I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4995

Registration District No. 764 Primary Registration District No. 115 Registrar's No. 2718

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

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

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Patrick J. Moore
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years 84 Months Days If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country): Ireland
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec Day 10 year 1942 hour minute 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	Duration
General arteriosclerosis	11/2 yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Uremia due to chronic nephritis.	12-10-42

Major findings:
Of operations
Of autopsy 131P

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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature: O.C. Raines. (M. D. or other)
Address Date signed

SUPPLEMENTARY