V. S. No. 2
DM—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 19 1943 318

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12536

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 3276

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: 6209 Murdock Ave. /
(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 Mo. (b) County .....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6209 Murdock Ave.
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

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

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

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

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

7. Birth date of deceased Nov. (Month) 24th (Day) 1867 (Year)

8. AGE: Years 75 Months 4 Days 8 If less than one day ..... hr. ..... min.

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

10. Usual occupation R.R. Mail Clerk retired

11. Industry or business 15 years retired

FATHER
12. Name Frank J. Moore
13. Birthplace ..... (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Catherine O'Neil
15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Marie A. Moore
(b) Address 6209 Murdock Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-5-43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.

19. (a) APR 7 1943 (Date received local registrar) (b) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2nd year 1943 hour 6 minute P.M. M.

21. I hereby certify that I attended the deceased from 11-20-41, 19..., to 4/2/43, 19...; that I last saw h. alive on 4/2/43, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death ..... Duration
Coronary thrombosis 8 days
Due to Chronic myocarditis (4-5 years)
Due to C. dermatomyositis
Other conditions (Include pregnancy within 3 months of death) Neg
Major findings:
Of operations none
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) X
(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 D. C. Fridenberg M.D. (M. D. or other) 4/3/43
Address 4523 S. Kingshighway Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

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 Richard W. Stewart

Licensed Embalmer No. 4007

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.