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DEPARTMENT OF COMMERCE  
Bureau of the Census  
FILED OCT 19 1943

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 2279

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:  
Veterans' Administration Facility  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm. 8-27-43  
(Specify whether years, months or days)

In this community Unkn.  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County \_\_\_\_\_

(c) City or town Belleville  
(If outside city or town limits, write "RURAL")

(d) Street No. 2929 Irene St.  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MOORE, George

3. (b) If veteran, name war W.W. #1

3. (c) Social Security No. 078-05-1120

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased Feb. 14, 1884  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
59	7	25	hr. _____ min.

9. Birthplace Belleville, Ills.  
(City, town, or county) (State or foreign country)

10. Usual occupation Miner.

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Benjamin Moore,

13. Birthplace England 4  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Cranage

15. Birthplace England 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Clinical Clerk

(b) Address Vets. Adm. Fac., Jeff. Brks., Mo.

17. (a) Removal (b) Date thereof 10-9-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belleville, Ill.

18. (a) Signature of funeral director John G. Gledner

(b) Address Belleville, Ill.

19. (a) OCT 11 1943 (b) J. McDaniel, MD  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 9,  
year 1943 hour 5:20 minute A. M.

21. I hereby certify that I attended the deceased from August 27, 1943 to October 9, 1943; that I last saw him alive on October 9, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia, Bil. no typing. Duration 2-days.

Other conditions: \_\_\_\_\_

Renal Thrombo Angiitis Obliterans, amputation stump, right thigh. Unkn.

None.

~~Other conditions:~~  
(Include pregnancy within 3 months of death)

Major findings: Re-amp. right thigh 10-6-43.

Of operations \_\_\_\_\_

Of autopsy No

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No

(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) (a) Means of injury

23. Signature L.M. COCHRAN, (M.D. or other)  
Address V.A.P. Chief Medical Officer Date signed 10-9-43

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

2600

999

11

0

2

107

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

**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.

*Body not embalmed*  
*Paul Steedman*

Signed.....

Licensed Embalmer No.....

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.**