

FILED JAN 4 1944
 318
 Registration District No. _____

Primary Registration District No. **1003**

State File No. _____
 Registrar's No. **11719**

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

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:
City Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **1 day**
(Specify whether _____)
 In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County _____
 (c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
 (d) Street No. **1924 Laflin ave**
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Virgil Moore**
 (b) If veteran, name war _____
 (c) Social Security No. **498-01-0714**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **December**, day **24**, year **1943**, hour **6**, minute **35**
 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 **Acute myocardial infarction**

4. Sex **male** 5. Color or race **white**
 6. (a) Single, widowed, married, divorced **married**
 6. (b) Name of husband or wife **Ruby Moore**
 6. (c) Age of husband or wife if alive **30** years
 7. Birth date of deceased (Month) **Mar** (Day) **26** (Year) **1907**

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____
 Duration _____

8. AGE: Years **36** Months **8** Days **28**
 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business **H. H. Motors Co**

MOTHER FATHER { 12. Name **Thomas Moore**
 { 13. Birthplace **Missouri**
(City, town, or county) (State or foreign country)
 { 14. Maiden name **Mattie Greenlee**
 { 15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **J. H. McKelvey**
 (b) Address **3113 a N. Market st**

17. (a) **Removal** (b) Date thereof **12 28 43**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Perely MO**

18. (a) Signature of funeral director **A. Kish R. U. Co**
 (b) Address **2707 N. Grand Blvd**

19. (a) **DEC 27 1943** (b) **J. J. Budeak**
(Date of local burial) (Registrar's signature)

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?
 While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature **Thomas F. Callahan** (M, D, or other) _____
 Address **Deputy Coroner** Date Signed **12-27-43**

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..... *W E Morris*

Licensed Embalmer No. *3360*

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.