

FILED JUN 23 1944

318

Primary Registration District No.

1003

5373

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 _____ (Specify whether
 In this community ? 0 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. 1316 Montgomery St.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME

George T. Moore

MEDICAL CERTIFICATION

3. (b) If veteran, name war No 3. (c) Social Security No. _____

20. DATE OF DEATH: Month June day 12th
 year 1944 hour 7:15 minute P. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Margaret Moore 6. (c) Age of husband or wife if alive 77 years
 7. Birth date of deceased Jan. 23, 1874.
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h. _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
70 4 20 hr. min.

Immediate cause of death
Generalized Peritonitis
Strangulated Intestinal Hernia
of Jejunum & upper ileum
 Due to _____
 Due to _____

9. Birthplace Mt. Sterling, Illinois.
 (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
172

10. Usual occupation Meat Cutter

11. Industry or business _____

Major findings:
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

MOTHER FATHER
 12. Name James B. Moore
 13. Birthplace Ohio
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown Merritt
 15. Birthplace _____
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Margaret Moore
 (b) Address 1316 Montgomery St.
 17. (a) Removal (b) Date thereof June 15, 1944.
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Freeburg, Illinois.

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)

18. (a) Signature of funeral director CALVIN F. FEUTZ FUNERAL HOME
 (b) Address 4828 Natural Bridge Blvd.
 19. (a) JUN 14 1944 (b) J. J. Brewer
 (Date received local registrar) (Registrar's signature)

23. Signature Archie Perry (M. D. or other) _____
 Address _____ Date signed 6/14/44

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

2-43
-17-39
X35897

V. S. No. 10031- Rev.

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 John A. Miller

Licensed Embalmer No. 4186

P. O. Address St. Louis Mo

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.