No. 2
8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 24 1944

Registration District No. 3

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22527

Primary Registration District No. 3063

Registrar's No. 128

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

1. PLACE OF DEATH:
(a) County: St Louis County
(b) City or town: Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 days. In this community: Twenty-Two Years.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St Louis 96
(c) City or town: Overland 13
(If outside city or town limits, write "RURAL")
(d) Street No.: 9303 Midland 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Moore, William
3. (b) If veteran, name war: No
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: Letha Moore
6. (c) Age of husband or wife if alive: 63 years
7. Birth date of deceased: Aug 28 - 1872 (Month) (Day) (Year)

8. AGE: Years: 71 Months: 8 Days: 19 If less than one day: hr. min.

9. Birthplace: St Louis (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Laborer
11. Industry or business: —

MOTHER FATHER
12. Name: Mike William
13. Birthplace: Unknown ? (City, town, or county) Unknown ? (State or foreign country)

MOTHER
14. Maiden name: Unknown ? Unknown
15. Birthplace: Unknown ? (City, town, or county) Unknown ? (State or foreign country)

16. (a) Informant: Wife Letha Moore
(b) Address: 9303 Midland Overland
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-19-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park
18. (a) Signature of funeral director: Baumann Brothers
(b) Address: 2504 Woodson Rd Overland
19. (a) JUN 20 1944 (Date received by local registrar) (b) E. H. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: June day: 17 year: 1944 hour: 12 minute: 05 A.M.
21. I hereby certify that I attended the deceased from 6-16, 1944 to 6-17, 1944 that I last saw him alive on 6-17, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to: Rabies	8 weeks
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: 38	
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): Dog bite
(b) Date of occurrence: About 8 weeks ago.
(c) Where did injury occur? Overland (City or town) St Louis (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On the street in a public place (Specify type of place)
While at work? (e) Means of injury: Dog bite
23. Signature: Milton A. Spitz (M. D. or other)
Address: St Louis County Hosp. Date signed: 6/17/44

707 (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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.