

FILED DEC 13 1944

Registration District No. **1948**

Primary Registration District No. **3058**

Registrar's No. **162**

1. PLACE OF DEATH:

(a) County St. Charles  
(b) City or town St. Charles  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2130 North Third St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1  
(Specify whether  
In this community Lifeline  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles  
(c) City or town St. Charles  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2130 North Third St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country ?

3. (a) PRINT FULL NAME GEORGE-LOUIS-MOORE

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 3 divorced  
6. (b) Name of husband or wife Manly (Ensign) Moore 6. (c) Age of husband or wife if alive 62 years  
7. Birth date of deceased July 11 1865  
(Month) (Day) (Year)

8. AGE: Years 79 Months 4 Days 6 If less than one day hr. min.

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

10. Usual occupation Wardner

11. Industry or business

MOTHER FATHER { 12. Name James Moore  
13. Birthplace England  
(City, town, or county) (State or foreign country)  
14. Maiden name Miss Anna Stangor  
15. Birthplace England  
(City, town, or county) (State or foreign country)

16. (a) Informant James Moore

(b) Address St. Charles, Mo.

17. (a) Burial (b) Date thereof Nov. 19-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cem., St. Charles, Mo.

18. (a) Signature of funeral director A. E. Dallinghaus & Sons Co.

(b) Address 801 N. Second, St. Charles, Mo.

19. (a) 11-20-1944 (b) Ernest E. Paul  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 17  
year 1944 hour 4 minute A.M.

21. I hereby certify that I attended the deceased from OCT 10-1944  
19 10 to NOV-17 19 44

that I last saw him alive on NOV-17 19 44  
and that death occurred on the date and hour stated above.

Immediate cause of death

BRONCHIAL PNEUMONIA  
(TERMINAL)

Due to ASCITES

Due to CARCINOMA OF GAUL  
BLADDER

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations H&D

Of autopsy

Duration  
Physician  
Underline the cause to which death should be charged statistically.

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

(c) 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 F. L. Harrington M. D. or other D.O.

Address St. Charles Mo Date signed 11-20-44

1540

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

RECEIVED

District Health Officer: No. 9,

District File Number \_\_\_\_\_

Date Filed

12-12-44

**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 B. Dalmeida*

Licensed Embalmer No. 2951

P. O. Address

*St Charles 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.**