

S. No. 2  
M-5-43  
7-5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39645

FILED JAN 5 1945  
318

State File No.

Registration District No.

Primary Registration District No.

1003

Registrar's No.

11179

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution 107 No 6th St  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 107 No 6th St  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Robert Moore

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male

5. Color or race White

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

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

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

7. Birth date of deceased aut  
(Month) (Day) (Year)

1889

8. AGE:

Years

Months

Days

If less than one day

abt. 60

hr. min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

unknown

11. Industry or business

MOTHER FATHER { 12. Name

unknown

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

unknown

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

Thomas F. Callahan

(b) Address

1300 Clark

17. (a)

Anatomical Board Date thereof 12-28-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation

St. Louis

18. (a) Signature of funeral director

W. R. R. R. R.

(b) Address

3500 Rutger

19. (a)

DEC 29 1944  
(Date received local registrar)

J. F. Bredak  
(Registrar's signature)

(Specify type of place)

While at work? \_\_\_\_\_

(b) Means of injury 3

23. Signature

Alfred Perry

(M. D. or other)

Address

City of St. Louis

Date signed 12/26/44

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 27  
year 1944 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_

\_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_

and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Coronary Sclerosis  
arteriosclerosis

Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

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

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) \_\_\_\_\_

(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? \_\_\_\_\_

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

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**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.....

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.**