

Registration District No. 318 Primary Registration District No. 100 Registrar's No. 744

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town St. Louis Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
3016 Rutger  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community Life  
years, months or days)

3. (a) PRINT FULL NAME Anderson Moore

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

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Ollie Moore 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased October 17th 1872  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>3</u>	<u>5</u>	hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business Retired

12. Name John Moore

13. Birthplace Trenton Tennessee  
(City, town, or county) (State or foreign country)

14. Maiden name Virginia -- Unknown

15. Birthplace Unavailable Oklahoma  
(City, town, or county) (State or foreign country)

16. (a) Informant John Moore Jr.

(b) Address 3016 Rutger St.

17. (a) Burial (b) Date thereof 1/25/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (c) Signature of funeral director Charles J. Gates

(b) Address 4107 Finney Ave

19. (a) JAN 24 1945 (b) J. R. Breuer  
(Date received by Registrar) (Registrar's signature)

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. 3016 Rutger  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 22nd  
 year 45 hour 5:30 minute \_\_\_\_\_ P.M. M.

21. I hereby certify that I attended the deceased from June 30, 1943 to Jan 22, 1945  
 that I last saw him alive on January 4, 1945  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death Chronic Myocarditis Duration \_\_\_\_\_

Due to Diabetes Mellitus and Arterio-Sclerosis

Other conditions 61  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 St. Louis Schuchat (M. D. or other) \_\_\_\_\_  
 Address 2200 Chouteau Ave. Date signed 1-24-45

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

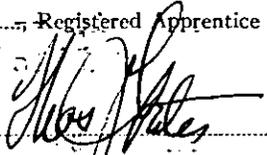
MOTHER FATHER

PHYSICIAN  
 Underline the cause to which death should be charged statistically.

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.....

.....Thomas J. Gates..... Registered Apprentice No.....  
working under my personal supervision.

Signed..........

License Embalmer No. 4259

P. O. Address 4107 Finney Ave.

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.