

S. No. 2
M-8-43
5-17-39
I X37823

FILED JUL 20 1945
Registration District No. 318

Primary Registration District No. 1003

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

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:
Barnes Hospital 50
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 hours
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike 82

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 2 miles east of Anada, Mo.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Henry Paul Moore

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased October 26 1944
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>—</u>	<u>8</u>	<u>4</u>	hr. _____ min.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 30
year 45 hour 1 minute 15 A.M.

21. I hereby certify that I attended the deceased from 6-28-45, 19____, to 6-30-45, 19____;

that I last saw him alive on 6-30-45, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Influenza Bacillus meningitis

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER { 12. Name Harvey Moore

13. Birthplace Pike County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Euna Blackard

15. Birthplace Pike County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Harvey Moore

(b) Address Anada, Missouri

17. (a) Burial (b) Date thereof 7-2-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Montgomery City, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) JUL 6 1945 J. B. Bedeck
(Date received local registrar) (Registrar's signature)

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) Means of injury _____

23. Signature R. O. Blatter (M. D. or other) _____

Address 501 N. Kingshighway Date signed 7-2-45

5858

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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. 2971

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.