WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

FILED AUG 24 1945

25960
Do not use this space.

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1. PLACE OF DEATH

(a) County ..... Registration District No. 1003

(b) Township ..... Primary Registration District No. ..... Registered No. 7038

(c) City St Louis 1 (d) Street No. 4239 Evans ave St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME G 1 George Moore 11

(a) Residence, No. 4239 Evans Ave St. ☐ .....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 2

4. COLOR OR RACE col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) married 1

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Jettie Moore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 23.1891

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
54	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. labor

9. Industry or business in which work was done, as saw mill, bank, etc. Laclede Gas CO

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery Miss 1

FATHER

13. NAME Anthany Moore

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss 1

MOTHER

15. MAIDEN NAME Annie Moore

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss 1

17. INFORMANT (ADDRESS) Jettie Moore 4239 Evans Ave

18. BURIAL, CREMATION, OR REMOVAL Burial
PLACE ~~Greenwood~~ Father Dickson City DATE Aug 13 1945

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J J Watson 2769 Chouteau

20. FILED AUG 10 1945 19 J. F. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-7, 1945

22. I HEREBY CERTIFY, That I attended deceased from 6-15, 1944 to 8-7, 1945

I last saw him alive on 8-7, 1945 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myo-Condito	
" Nephritis	

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Other contributory causes of importance:

Chronic Rheumatism

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J E Harris, M. D.

(Address) 24 4218 Evans Franklin ave

(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 S. J. Watson

Licensed Embalmer No. 2169

P. O. Address 2769 Chouteau

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, above space should be left blank.