

No. 2
1-5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10672

State File No. _____

FILED MAR 18 1946
Registration District No. 317

Primary Registration District No. 2002

Registrar's No. 579

1. PLACE OF DEATH:

(a) County St. Louis,

(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
7820 Gannon Ave., /
(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 Missouri (b) County St. Louis 96

(c) City or town University City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 7820 Gannon Ave., 5
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME FRED E. MOORE,

3. (b) If veteran, name war. no

3. (c) Social Security No. 498-01-2834

4. Sex Male 1

5. Color or race White

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

6. (b) Name of husband or wife Grace I. Moore.

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Feb. 2 1873
(Month) (Day) (Year)

8. AGE: - Years Months Days If less than one day

73 1 4 hr. _____ min.

9. Birthplace Everton, Indiana /
(City, town, or county) (State or foreign country)

10. Usual occupation Retired.

11. Industry or business Printing business.

12. Name Daniel Moore.

13. Birthplace Everton, Indiana /
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Hubbel.

15. Birthplace Everton, Indiana /
(City, town, or county) (State or foreign country)

16. (a) Informant Fred E. Moore, Jr.

(b) Address 7820 Gannon Ave., U. City.

17. (a) Cremation (b) Date thereof 3/8/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Crematory.

18. (a) Signature of funeral director C.R. Lupton & Sons.

(b) Address 7233 Delmar Blvd.

19. (a) 3-8-46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6
year 1946 hour 5:55 pm minute _____ M.

21. I hereby certify that I attended the deceased from Oct 15, 1945, to March 6, 1946;
that I last saw him alive on 2/6/46, and that death occurred on the date and hour stated above.

Immediate cause of death Chr. myo Carditis

Due to 938

Other conditions Hypertensive pneumonia
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

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:

(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 [Signature] (M. D. or other) _____

Address 7510 Nelson Date signed 3/7/46

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

MOTHER FATHER

DR. STEPHEN RICHGARTSIC.
7510 Delmar Blvd.
PA 6425
1 to 4 P.M.

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 Clarence H. Murray
Licensed Embalmer No. 4011
P. O. Address St Louis, 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.