

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18725

FILED JUN 6 1946

1003

State File No.

Registration District No.

318

Primary Registration District No.

Registrar's No.

4735

1. PLACE OF DEATH:

(a) County St. Louis Mo
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hosp #1
(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)

3. (a) PRINT FULL NAME

John R. Moore

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 5. Color or White

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased July 9th 1866
(Month) (Day) (Year)

8. AGE: Years 79 Months 10 Days 17 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business

12. Name Patrick Moore

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

14. Maiden name Margareth Kane

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

16. (a) Informant Mrs Jule Mc Laughlin

(b) Address 3964 A Botanical

17. (a) Burial (b) Date thereof 5-29-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Wingermuehle Funeral Home

(b) Address 3819 S. Grand Blvd

19. (a) MAY 27 1946 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3964 A Botanical
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 25th day 36th year 1946 hour 12/45 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial Infarction
2 fracture right femur
suffered when deceased
climbed over fence
and fell to the
ground in front of house
on April 6, 1946 at about 5:00 PM

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) Accident
(b) Date of occurrence April 6 1946
(c) Where did injury occur? Side walk
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place) (e) Means of injury Subur

23. Signature Patrick E Taylor (Physician)
Address Deputy Coroner Date signed 5-27-46

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..... *Emb. cert. filed separate*

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.