

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED MAY 27 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. **18727**
Registrar's No. **4367**

Registration District No. **318** Primary Registration District No. **1003**

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:
Missouri Pacific Hospital
(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

Roy Henry Moore

3. (b) If veteran, No. **No.** 3. (c) Social Security No. **702-14-8556**

4. Sex **Male** (1) 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Nina Stafford**
6. (c) Age of husband or wife if alive **52** years
7. Birth date of deceased **October 22 1884**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 6 21 hr. min.

9. Birthplace **Galesburg Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Machinist**

11. Industry or business **Mo. Pacific R. R.**

12. Name **George Henry Moore**

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

14. Maiden name **Josephine Dolph**

15. Birthplace **New York**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Roy H. Moore**

(b) Address **3806 Shaw Blvd. St. Louis 10**

17. (a) **Cremation** (b) Date thereof **5-15-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **Robert J. Ambruster, Inc.**

(b) Address **6633 Clayton Rd. St. Louis 17**

19. (a) **MAY 15 1946** (b) **J. F. Bieleck**
(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. **3806 Shaw Blvd.**
(If rural, give location)
(e) Citizen of foreign country? **Yes** (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MAY** day **13**
year **1946** hour **7** minute **15 P.** M.

21. I hereby certify that I attended the deceased from **JAN. 10 1946** to **MAY 13 1946**
that I last saw him alive on **MAY 13 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **CARCINOMATOSIS**

Due to **CARCINOMA of Rectum**

Due to

Other conditions **SECONDARY Anemia**
(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?

(Specify type of place)
While at work? (e) Means of injury

23. **Emile J. Waters, M.D.** (M. D. or other)

Address **1755 S. Grand St. St. Louis** Date signed **5/13/46**

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 Arnold W. Schoene
Licensed Embalmer No. 3864
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.