

U.S. No. 2
OM-5-42
Rev. 5-17-39
X 32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28909

State File No.

7419

Registration District No. **318**
FILED SEP 9 1946

Primary Registration District No. **1003**

Registrar's No.

1. PLACE OF DEATH:

(a) County.....

(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 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County..... 994

(c) City or town E. St. Louis
(If outside city or town limits, write "RURAL") NR

(d) Street No. 704 Alhambra Ct.
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No) 2
If yes, name country.....

3. (a) PRINT FULL NAME Raymond V. F. Moore

3. (b) If veteran, name war..... --

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 24
year 1946 hour 8 minutes 50P. M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Marie L.

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased Sept. 4 1897
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 23 1946 to Aug 24 1946
and that death occurred on the date and hour stated above. Aug 22 1946

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

48 11 20 hr. min.

Immediate cause of death Myocarditis Duration 2

E.R.G. male on 7-24-46 showed myocarditis consistent with infarction

Other conditions Chills and fever

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

10. Usual occupation Contractor

Major findings: Of operations none

Of autopsy none

PHYSICIAN None
Underline the cause to which death should be charged statistically.

11. Industry or business.....

12. Name Richard Moore

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

14. Maiden name Honora Foley

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

16. (a) Informant Marie L. Moore

(b) Address 704 Alhambra Ct., E. St. Louis

17. (a) Burial (b) Date thereof 8/28/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director Wacker-Kelders

(b) Address 3634 Gavois Ave.

19. (a) AUG 27 1946 J. F. Bredack
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence.....

(c) Where did injury occur? None
(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. Signature P. E. Ellis (M. D. or other) 0

Address St. Louis Date signed 8/29/46

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

MOTHER FATHER

17
9

20747

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 Robert C. Wheeler

Licensed Embalmer No. 2128

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.