

No. 2  
-12-45  
5-17-39  
X 47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 33259  
Registrar's No. 1946

FILED SEP 18 1947

Registration District No. 377

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Overland  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1730 Dyer Avenue.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Alexander A. Moore.

3. (b) If veteran, name war None  
3. (c) Social Security No. None

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Annie J. Moore.  
6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased January 6, 1871.  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>8</u>	<u>6</u>	hr. min.

9. Birthplace St. Louis; Missouri.  
(City, town, or county) (State or foreign country)

10. Usual occupation Printer (retired)

11. Industry or business \_\_\_\_\_

12. Name Richard Moore.

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

14. Maiden name Elizabeth Atchison.

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

16. (a) Informant Mrs. Annie J. Moore.

(b) Address 5004 Delmar Boulevard.

17. (a) Burial (b) Date thereof 9-15-1947.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.

(b) Address 5966-68 E. Patton Avenue.

19. (a) 9-16-47 (b) Beula J. Haynes  
(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. 5004 Delmar Boulevard.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 12th  
year 1947 hour 3.45 P. M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 3/21/47  
to Sept 12, 1947.  
that I last saw him alive on Aug 19, 1947.  
and that death occurred on the date and hour stated above

Immediate cause of death Coronary Thrombosis  
Due to Arterio Sclerosis  
Due to 440

Duration 1 day  
2

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) \_\_\_\_\_  
(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) Means of injury \_\_\_\_\_

23. Signature Phredon Greener (M. D. or other) \_\_\_\_\_  
Address 4500 Olive St Date signed 9/12/47

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

Dr. Theo. Greiner.  
4500 Olive Street.  
1 to 3.30 P.M.  
Forest 3800

SEP 19 1947

SEP 19 1947

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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 *Clement McManis*

Licensed Embalmer No. *3733*

P. O. Address *St. Louis*

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.