V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 28 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39994

Registration District No. 318

Primary Registration District No. 7002

Registrar's No. 10525

20
17
9

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

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: Barnes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day ~~Barnes Hospital~~
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County 999
(c) City or town West Frankfort 11
(If outside city or town limits, write "RURAL")
(d) Street No. 504 E. St. Louis St. 0
(If rural, give location)
(e) Citizen of foreign country? UR (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME EARL E. Moore
3. (b) If veteran, name war NO
3. (c) Social Security No.

4. Sex M
5. Color or race White
6. (a) Single, widowed, married, divorced DIVORCED
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive —
7. Birth date of deceased JUNE (Month) 17 (Day) 1888 (Year)

8. AGE: Years 59 Months 6 Days 17 If less than one day hr. min.

9. Birthplace UNKNOWN (City, town, or county) Illinois (State or foreign country)
10. Usual occupation FARMER
11. Industry or business FARMING
FATHER
12. Name SINK MOORE 9
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country) 9
16. (a) Informant Glenn Moore
(b) Address WEST FRANKFORT ILL.
17. (a) ~~Burial~~ (~~Burial, cremation, or~~ removal) (b) Date thereof Nov. 15 1947 (Month) (Day) (Year)
(c) Place: burial or cremation BONER CEMETERY
18. (a) Signature of funeral director Reedy Funeral Home
(b) Address West Frankfort ~~[illegible]~~
19. (a) NOV 15 1947 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 14 year 1947 hour 8 minute 20 P.M.

21. I hereby certify that I attended the deceased from 11-13 2, 1947 to Nov. 14 1947; that I last saw him alive on Nov. 14 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertrophy and dilatation of the heart; congestive heart disease

Due to Arteriosclerotic heart disease

Due to

Other conditions Bronchopneumonia 93
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy As above

Duration

PHYSICIAN

Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature F R Bradley (M. D. ~~or other~~)
Address Barnes Hospital Date signed 11/15/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Edwin C. Vantreese

Licensed Embalmer No. Illinois 8175

P. O. Address West Frankfort, Ill.

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.