

FILED NOV 29 1947

State File No.

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 2434

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Manchester  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Manchester Nursing Home 4  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Kirkwood 4  
(If outside city or town limits, write "RURAL")

(d) Street No. 204 Peeke Ave. (west) 3  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John Edgar Moore

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept. 28 1882  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 24  
year 1947 hour 7 PM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Nov 27, 1947, to Nov 24, 1947, that I last saw him alive on Nov 24, 1947, and that death occurred on the date and hour stated above.

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

65	1	26	
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hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Carcinoma of Prostate 1 yr.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

10. Usual occupation Retired

PHYSICIAN

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

MOTHER FATHER

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

12. Name John M. Moore

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

14. Maiden name Amanda Lanpher

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

16. (a) Informant Mrs. Geo. L. Moore  
(b) Address 204 W. Peeke Ave. Kirkwood

17. (a) Burial (b) Date thereof 11/26/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ironton Mo

18. (a) Signature of funeral director Louis H. Bopp, Inc  
(b) Address 131 W. Argonne Dr., Kirkwood

19. (a) 11-28-47 (b) Beula J. Haynes  
(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) \_\_\_\_\_

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

23. Signature H. S. Brown (M. D. or other) \_\_\_\_\_  
Address 5903 Olive Date signed 11-27-47

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

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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 Peter B. DiChonellit

Licensed Embalmer No. 3691

P. O. Address Richmond Heights, 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.**