No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

3322

FILED FEB 9 1948

State File No. 1

Registration District No. 347

Primary Registration District No. 3063

Registrar's No. 340

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town Clayton, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis Co. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day (Specify whether
In this community 29 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 76
(c) City or town Richmond Heights
(If outside city or town limits, write "RURAL")
(d) Street No. 1706 So. Hanley
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Moore

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

3. (c) Social Security No. 493-24-4633

4. Sex Male 2

5. Color or race Col.

6. (a) Single, widowed, married, divorced Div. 3

6. (b) Name of husband or wife Julia Moore

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

7. Birth date of deceased May (Month) 30 (Day) 1884 (Year)

8. AGE: Years 63 Months 7 Days 27 If less than one day hr. min.

9. Birthplace Sardis, Mississippi (City, town, or county) (State or foreign country)

10. Usual occupation Factory work

11. Industry or business

FATHER
12. Name James Moore
13. Birthplace Jamestown, Va. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Louise Cox
15. Birthplace Alabama (City, town, or county) (State or foreign country)

16. (a) Informant Bro. Milton Moore
(b) Address 1706 So. Hanley

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-31-48 (Month) (Day) (Year)
(c) Place: burial or cremation Wash. Park Cem.

18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Avenue

19. (a) 1-31-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 26
year 1948 hour 10 minute P M.

21. I hereby certify that I attended the deceased from Jan. 25, 1948 to Jan. 26, 1948
that I last saw him alive on Jan. 26, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach c̄ abdominal carcinomatosis

Due to

Due to

Other conditions Generalized Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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

23. Signature Arthur E. Hegel (M. D. ~~[illegible]~~)
Address 601 Brentwood Date signed 1-27-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Guy A. Shelton Registered Apprentice No. 3 working under my personal supervision.

Signed Thomas Gates

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Avenue

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.