No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 20 1948 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6268

Registration District No. /

Primary Registration District No. 1003

Registrar's No. 1144

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

1. PLACE OF DEATH:

(a) County

(b) City or town ST. LOUIS MO
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ALEXIAN BROS. 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 MISSOURI (b) County 000

(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3422 McKEAN 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME PETER F. DE MOOR

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 MARRIED

6. (b) Name of ~~husband~~ or wife WILHELMINA

6. (c) Age of ~~husband~~ or wife if alive 75 years

7. Birth date of deceased MAR (Month) 7 (Day) 1867 (Year)

8. AGE: Years 80 Months 10 Days 24 If less than one day hr. min.

9. Birthplace BELGIUM 4
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business PARK DEPT.

FATHER
12. Name FERDINAND DE MOOR 1
13. Birthplace BELGIUM 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ROSA VANDENHEMMEL
15. Birthplace HOLLAND 4
(City, town, or county) (State or foreign country)

16. (a) Informant WILHELMINA DE MOOR
(b) Address 3422 McKEAN

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB 4 1948 (Month) (Day) (Year)
(c) Place: burial or cremation MT. OLIVE CEM.

18. (a) Signature of funeral director Thomas Kuti + Son
(b) Address 2906 GRAVOIS

19. (a) FEB 3 - 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 1
year 1948 hour 1 minute 05 A.M.

21. I hereby certify that I attended the deceased from 1-13-48, 19, to 2/6/48, 19 48
that I last saw him alive on 1-3-48, 19
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral infarct

Due to Arteriosclerosis

Due to Senility

Other conditions Rt Parotitis
(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? Means of injury

23. Signature [signature] (M. D. or other)

Address 4065 W Grand Date signed 2/2/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

VS AUG 16 1990

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: Hamm e Hill

Licensed Embalmer No. 4347

P. O. Address 2906 Grove

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.