

No. 300  
10-47  
5-17-39  
P I 3908

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED MAR 15 1948  
Registration District No. 318

MISSOURI DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
Primary Registration District No. 1003

State File No. 6789  
Registrar's No. 2377

1. PLACE OF DEATH:

(a) County.....  
(b) City or town..... ST. LOUIS  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
LUTHERAN 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..... Mo. (b) County..... ood  
(c) City or town..... ST. LOUIS 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3868 JUANITA ST. 10  
(If rural, give location)  
(e) Citizen of foreign country?.....  
(Yes or No)  
If yes, name country.....

3: (a) PRINT FULL NAME Joseph Moore  
3. (b) If veteran, name war.....  
3. (c) Social Security No. 498-12-4029

4. Sex..... M. 5. Color or race..... W.  
6. (a) Single, widowed, married, divorced..... MARRIED  
6. (b) Name of husband or wife..... OTTILLIE MOORE  
6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased..... JANUARY 31 1879  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
69 1 8 hr. min.

9. Birthplace..... ALTON ILLINOIS  
(City, town, or county) (State or foreign country)

10. Usual occupation..... WATCHMAN BUSCH BREWERY

11. Industry or business..... BUSCH BREWERY

12. Name..... SAMUEL MOORE

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

14. Maiden name..... NANCY SPERGEN

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

16. (a) Informant..... Mrs Lucille ELLIS

(b) Address..... 3868 Juanita St

17. (a) Burial (Burial, or cremation, or removal) Date thereof..... March 9-48  
(Month) (Day) (Year)

(c) Place: burial or cremation..... OAK HILL ALTON ILL.

18. (a) Signature of funeral director..... E. J. Schnur  
(b) Address..... 3125 Lafayette Av.

19. (a) MAR 9 1948 (Date received local registrar) J. F. Bredek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8  
year 1948 hour 2 minute A. M.  
21. I hereby certify that I attended the deceased from  
Feb 16 1948 to Mar 7 1948  
that I last saw him alive on Mar 7 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death..... Cancer of the Esophagus  
Due to.....

Due to.....  
Other conditions..... Hypertension  
(Include pregnancy within 6 months of death)

Major findings:  
Of operations.....  
Of autopsy..... H/O

Duration  
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..... Otto C. Kinnest (M. D. or other)  
Address..... 3012 1/2 Lafayette Date signed 3/9/48

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

MOTHER FATHER

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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 V. M. Seymour  
Licensed Embalmer No. 4343  
P. O. Address St. Louis 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.**