. S. No. 2
OM—1/47
ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10498

FILED APR 7 1948

Registration District No. .....

Primary Registration District No. 1003

Registrar's No. 3162

1. PLACE OF DEATH:

(a) County .....

(b) City or town St. Louis, Missouri
(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 7 days (Specify whether years, months or days)

In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson

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

(d) Street No. R R
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Arron Frederick Moore

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased April (Month) 6 (Day) 1869 (Year)

8. AGE: Years 78 | Months 11 | Days 24 | If less than one day ..... hr. ..... min.

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

10. Usual occupation Retired Farmer

11. Industry or business .....

MOTHER FATHER

12. Name Arron Fred Moore

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

14. Maiden name Eulalie Motier

15. Birthplace New Orleans (City, town, or county) Louisiana (State or foreign country)

16. (a) Informant Fred Moore

(b) Address Crystal City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-1-48 (Month) (Day) (Year)

(c) Place: burial or cremation Festus, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) MAR 31 1948 (Date received local registrar) (b) J. F. Bradley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30 year 1948 hour 11 minute 55 A.M.

21. I hereby certify that I attended the deceased from March 23, 1948 to March 30, 1948 that I last saw him alive on March 30, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Aspiration pneumonia (vomitus)	
Due to Duodenal ulcer	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy As above

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 F R Bradley (M. D. or ~~XXXX~~

Address Barnes Hospital Date signed 3/30/48

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....3575.....

P. O. Address.....

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.