No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 7 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17859

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 4923

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 Mississippi River-Foot of Iron Street 3 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED: 999
(a) State Illinois (b) County 11
(c) City or town Pearl (If outside city or town limits, write "RURAL") 6
(d) Street No. RFD 2 (If rural, give location) 2
(e) Citizen of foreign country? (Yes or No) NR
If yes, name country

3. (a) PRINT FULL NAME Gene Boren Moore
3. (b) If veteran, name war
3. (c) Social Security No. 0
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 April (Month) 14 (Day) 1922 (Year)

8. AGE: Years 26 Months 1 Days 9 If less than one day hr. min.
9. Birthplace Pearl (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Pilot AAF Reserve
11. Industry or business Aviation
MOTHER FATHER
12. Name William Moore
13. Birthplace Pearl (City, town, or county) Illinois (State or foreign country)
14. Maiden name Edna Boren
15. Birthplace Pearl (City, town, or county) Illinois (State or foreign country)
16. (a) Informant Wm Moore
(b) Address Pearl Illinois
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-26-48 (Month) (Day) (Year)
(c) Place: burial or cremation Pearl Ill
18. (a) Signature of funeral director Rowland Mortuary Service
(b) Address 4104 Manchester Ave.
19. (a) MAY 29 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 26 year 1948 hour 5 minute 05 A.M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Compound fracture of skull
When the airplane he was in fell into the Mississippi
Antecedent causes Large injuries
Mo. While 15 ft. of water
Been drowned at 4:00 AM May 26
1948
Other conditions Same as mother of
(Include pregnancy within 3 months of death) Same could not be determined
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) Air Accident
(b) Date of occurrence 5-23-1948
(c) Where did injury occur? (City or town) St. Louis (County) (State) Mo.
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Nature of injury
23. Signature Alfred Berry (M. D. or other)
Address Deputy Coroner Date signed 5/28/48

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

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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.....

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.