

FILED JAN 24 1957

STANDARD CERTIFICATE OF DEATH

State File No. 44861

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10870

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Missouri		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 2361 Tower Grove Ave.		e. STREET ADDRESS (If rural, give location) 17 2361 Tower Grove Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) T c. (Last) MOORE		4. DATE OF DEATH (Month) (Day) (Year) November 27, 1956	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Feb. 23, 1869
9. AGE (In years last birthday) 87		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Director Emeritus	
11. BIRTHPLACE (City and State or Foreign Country) Indianapolis, Indiana		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME George T. Moore		13b. MOTHER'S MAIDEN NAME Margaret Marshall	
14. NAME OF HUSBAND OR WIFE Emmalisa Hall Moore		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown	
16. SOCIAL SECURITY NO. 43-0666759		17. INFORMANT'S SIGNATURE OR NAME Mrs. Boyle O. Rodes, 2361 Tower Grove Ave.	
17. ADDRESS		ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Pulmonary Edema		INTERVAL BETWEEN ONSET AND DEATH 2-3 hrs	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial Heart Dis. 10-12 yrs		DUE TO (c) Generalized Arteriosclerosis 20 yrs	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile Changes 10 yrs			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 42.1
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/14, 1952, to 11/27, 1956 that I last saw the deceased alive on 11/27, 1956 and that death occurred at 6:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE E. W. Cooney M.D.	23b. ADDRESS 220 Washington St. St. Louis 8, Mo.	23c. DATE SIGNED 11/27/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 11-29-56	24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
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DATE REC'D BY LOCAL REG. NOV 28 1956	REGISTRAR'S SIGNATURE J. Earl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE C.R. Lupton and Sons	ADDRESS 7233 Delmar Blv'd.
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S.P. (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 Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Clarence H. Murray*

Licensed Embalmer No. *4011*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.