V. S. No. 2
OM—9-4-41
Rev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 25 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

15533

State File No. 9

Registration District No. 1099

Primary Registration District No. 101

Registrar's No. 1086

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

1. PLACE OF DEATH:
(a) County St. Louis Co.
(b) City or town CLAYTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis Co. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution upon arrival (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town Lemay
(If outside city or town limits, write "RURAL")
(d) Street No. 9982 So. Broadway
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Edward Moore
3. (b) If veteran, name war
3. (c) Social Security No. Yes-Unobtainable
4. Sex M
5. Color or race Wh.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emma Moore
6. (c) Age of husband or wife if alive 65yrs. years
7. Birth date of deceased April 28/1877
(Month) (Day) (Year)
8. AGE: Years 65 Months Days 18 If less than one day hr. min.
9. Birthplace Kentucky
(City, town, or county) (State or foreign country)
10. Usual occupation Carpentar
11. Industry or business Jeff. Brks.
FATHER
12. Name William Moore
13. Birthplace Tennessee
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Sarha McCarthy
15. Birthplace Tennessee
(City, town, or county) (State or foreign country)
16. (a) Informant Emma Moore
(b) Address 9982 So. Broadway
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5-18-42 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Hope Cemtr -
18. (a) Signature of funeral director Fendler Und. Co.
(b) Address 7420 Michigan Ave.
19. (a) MAY 18 1942 (Date received local registrar) (b) G. M. McGuire M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15 year 1942 hour 5 minute 30 P.M.
21. I hereby certify that I attended the deceased from 1-31-42, 19 , to 5-15, 1942
that I last saw him alive on 5-15, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Heart Failure	3 Days
Due to Hypertensive CardioVascular Disease	6 mo.
Due to Arteriosclerosis	
Other conditions Asthma (Include pregnancy within 3 months of death)	years

Major findings:
Of operations 93d
Of autopsy Dilatation of heart. Arterio-sclerosis, Atherosclerosis of aorta coronary

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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature A. J. Steiner MD (M. D. or other)
Address 1116 Lemay Ferry Date signed 5-16-42

107

(Licensed Embalmer's Statement on Reverse Side)

96
32
Ro102
McG

3-5-78-Sonnydury

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 Oliver E. Fendler

Licensed Embalmer No. 414

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.