

FEB 12 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1038  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
 (b) Township ..... Primary Registration District No. **1003** Registered No. **894**  
 (c) City **St. Louis** (d) Street No. **City Hospital No. 1** St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

**George Van Moore**  
 (a) Residence, No. **3645 Bates** St. **1** (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF **Husband of Julia** (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb 27, 1861**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**76 10 26**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. **repairman**  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Winston Connecticut**

FATHER 13. NAME **Unknown**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

MOTHER 15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT **Hosp. Info M. Kent** (ADDRESS)

18. ~~NATURAL~~ CREMATION, OR ~~EMERALD~~ PLACE **Mo. Crematory** DATE **Jan. 25, 1938**

19. FUNERAL DIRECTOR **A. W. McLaughlin** (ADDRESS) **2301 Lafayette Avenue**

20. FILED **J. T. Braddock** 19 **Local Registrar**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **1/23/38**, 19

22. I HEREBY CERTIFY That I attended deceased from **1/21/38** to **1/23/38**, 19

I last saw him on **1/23/38**, 19. Death is said to have occurred on the date stated above, at **5.10 p**

The principal cause of death and related causes of importance were as follows:

*Intraventricular Hemorrhage  
 Polycystic Kidney  
 Atherosclerosis of Aortic Vessels*

Date of onset

Other contributory causes of importance: *Bronchopneumonia*

Name of operation **Al** Date of **Al**  
 What test confirmed diagnosis? Was there an autopsy? **yes**

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Date of injury, 19.....  
 Where did injury occur? (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify **E. H. Traubridge Jr.**, M. D.  
 (Signed) **City Hospital No. 1**  
 (Address) **1**

JAN 25 1938

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X12004

STATEMENT BY LICENSED EMBALMER

I, L. R. Cooper, Licensed Embalmer No. 3633

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed L. R. Cooper  
Licensed Embalmer No. 3633

**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.)**