

NOV 22 1938

DEC'D DEC 8 1938

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

40420  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Saint Louis Registration District No. 784  
 (b) Township Carondelet Primary Registration District No. 200  
 (c) City Jefferson Barracks (d) Street No. Veterans Hospital Registered No. 1908  
 (e) Length of residence in city or town where death occurred Unkn. (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Virgil C. Moore  
 (a) Residence, No. 4123 Chouteau Avenue, Saint Louis, Mo.  Missouri.  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ----

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 31, 1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
43 3 19

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Steel Worker

9. Industry or business in which work was done, as saw mill, bank, etc. -

10. Date deceased last worked at this occupation (month and year) - 11. Total time (years) spent in this occupation -

12. BIRTHPLACE (CITY OR TOWN) Mexico,  
 (STATE OR COUNTRY) Missouri.

FATHER  
 13. NAME George Moore  
 14. BIRTHPLACE (CITY OR TOWN) --  
 (STATE OR COUNTRY) Kentucky

MOTHER  
 15. MAIDEN NAME Margaret Maysfield  
 16. BIRTHPLACE (CITY OR TOWN) --  
 (STATE OR COUNTRY) Kentucky.

17. INFORMANT Clifford Schellberg of Jefferson  
 (ADDRESS) Barracks, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cemetery DATE Nov. 23, 38

19. FUNERAL DIRECTOR C. Hoffmeister U. & L. Co.  
 (ADDRESS) 7814 S. B'way, St. Louis, Mo.

20. FILE NO. NOV 22 1938 7 R Meyer D Dr P D  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 12, 1938, to November 20, 1938  
 I last saw him alive on November 20, 1938. Death is said to have occurred on the date stated above, at 5:30 P.m.  
 The principal cause of death and related causes of importance were as follows:  
Pneumonia, lobular Date of onset 11/16/38  
107a  
 Other contributory causes of importance:  
Sinusitis, maxillary and frontal Unkn.

Name of operation None Date of -----  
 What test confirmed diagnosis? Phy. Clinical manif. and laboratory. Was there an autopsy? no

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 infl.  
 (Signed) L. FLECK, Chief Medical Off. M. D.  
 (Address) VAF Jefferson Barracks, Mo.

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.

B.C.

(Licensed Embalmer's Statement on Reverse Side)

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No. ....  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....  
..... L. E. ....  
No. .... or by ....., Registered Apprentice No. ....  
working under my personal supervision.

Signed.....  
Licensed Embalmer No. ....

**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.)**