DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20428

Registration District No. 791 FILED JUL 27 1940 Primary Registration District No. 1003 Registrar's No. 5375

1. PLACE OF DEATH:

(a) County St Louis, Mo 1

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: BARNES HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County

(c) City or town ST. LOUIS 6 (If outside city or town limits, write "RURAL")

(d) Street No. 1322 NORTH EUCLID (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Vincent Joseph Moore 6 AD

3. (b) If veteran, name war

3. (c) Social Security No. 497-05-8201

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Cellia Moore

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Mar. (Month) 31 (Day) 1876 (Year)

8. AGE: Years 64 Months 2 Days 20 If less than one day hr. min.

9. Birthplace (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Tobacco Worker 0

11. Industry or business Factory 0

FATHER
12. Name Felix Moore
13. Birthplace (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Ellen Manners
15. Birthplace (City, town, or county) Mo. (State or foreign country)

16. (a) Informant's own signature Cellia Moore

(b) Address 1322 N. Euclid Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-24-40 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) JUN 22 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21 year 1940 hour 4 25 minute A M.

21. I hereby certify that I attended the deceased from June 18, 1940, to June 21, 1940; that I last saw him alive on June 21, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death CARDIAC DECOMPENSATION Duration

Due to HYPERTENSIVE HEART DISEASE

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 F R Bradley (M. D. or other)

Address BARNES HOSPITAL Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

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.

1 X19511

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 Warren A. Carver

Licensed Embalmer No. 3534

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, above space should be left blank.