

**REC'D SEP 25 1940**  
Registration District No. **791**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

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

8. (a) PRINT FULL NAME William J. Moore (a-b)  
8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. 489-18-1062

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Hattie 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased October 17, 1869  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
70 9 20 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Wayzanda - Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Tool Maker

11. Industry or business Wagner Electric Co.

MOTHER FATHER  
12. Name David R. Moore  
13. Birthplace Pennsylvania  
(City, town, or county) (State or foreign country)  
14. Maiden name Anna Hampton  
15. Birthplace Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Hattie Moore  
(b) Address 3829 Washington Blvd

17. (a) removal (b) Date thereof 8-8-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Inianapolis, Ind.

18. (a) Signature of funeral director Fred M. Williams  
(b) Address 4535 Washington Blvd.

19. (a) AUG 8 1940 (b) J.P. Bredeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

0 Missouri (b) County \_\_\_\_\_  
(a) State \_\_\_\_\_  
(c) City or town St. Louis 19  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3829 Washington Blvd.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 7  
year 1940 hour 11 P minute 20 M.

21. I hereby certify that I attended the deceased from July 1  
1940 to Aug 7 1940  
that I last saw him alive on Aug 7 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Gastric Stomach XX  
Duration \_\_\_\_\_

Due to Surgical Shock

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 11/10

Major findings: Of operations in Stomach  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature Thos Simpson (M. D. or other) \_\_\_\_\_  
Address St Louis Date signed 8/8/40

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**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

*Guy W Wilkinson*

Licensed Embalmer No. 3575

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.**