

No. 2  
4-13-40  
5-17-39  
-I X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 33990

NOV 16 1940

Registration District 791 Primary Registration District No. 1003 Registrar's No. 8687

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

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Louis City Hospital #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 Days  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Warren Moore  
3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Elizabeth Moore 6. (c) Age of husband or wife if alive 52 years  
7. Birth date of deceased June 30, 1887  
(Month) (Day) (Year)

8. AGE: Years 53 Months 3 Days 20 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Barber

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Thomas Moore  
13. Birthplace Penn.  
(City, town, or county) (State or foreign country)  
14. Maiden name Sarah Chambers  
15. Birthplace England  
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Moore  
(b) Address 4420 Manchester

17. (a) Burial (b) Date thereof 10/23/40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Edith E. Ambruster  
(b) Address 4234 Manchester

19. (a) Oct 21 1940 (b) J. F. Bedech  
(City or town) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 18  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4420 Manchester  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month October day 20,  
year 1940 hour 12:02 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from October  
16, 1940, to October 20, 1940,  
that I last saw him alive on October 20, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Hypertrophy Duration 4 1/2 yrs.  
Due to Generalized Arteriosclerosis  
Due to Hypertension  
Other conditions Morphine Poisoning  
(Include pregnancy within 3 months of death)  
Addict. ASB PHYSICIAN \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy As above.  
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) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_  
23. Signature Samuel Wallace (M. D. or other) \_\_\_\_\_  
Address 1515 Lafayette Avenue, Date signed 10/21/40

**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.....

*Flora Eynck*

Licensed Embalmer No. *1284*

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.**