

Registration District No. **791**Primary Registration District No. **1003**

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: **BARNES HOSPITAL**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **2 Weeks.**
(Specify whether
 In this community **31 Years.**
years, months or days)

3. (a) PRINT FULL NAME **ELMER ARTHUR MOORE**3. (b) If veteran, name war **No.** 3. (c) Social Security No. **493-10-8886**

4. Sex **Male.** 5. Color or race **White.** 6. (a) Single, widowed, married, divorced **Widowed.**
 6. (b) Name of husband or wife **Late Jessie Moore.** 6. (c) Age of husband or wife if alive **Unknown**
 7. Birth date of deceased **December 1st, 1880.**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 **10** **28** hr. min.9. Birthplace **Litchfield, Illinois.**
(City, town, or county) (State or foreign country)10. Usual occupation **Conductor.**11. Industry or business **Pub. Ser. Co.**12. Name **Daniel Webster Moore.**13. Birthplace **Illinois.**
(City, town, or county) (State or foreign country)14. Maiden name **Elizabeth Elkins.**15. Birthplace **Illinois.**
(City, town, or county) (State or foreign country)16. (a) Informant's own signature **Geo. A. Moore.**(b) Address **2601 Clark St. Des Moines, Ia**17. (a) **Burial.** (b) Date thereof **11-1-40.**
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation **Memorial Park cem.**18. (a) Signature of funeral director **Hg. Leidner Ind. Co.**(b) Address **2223 St. Louis Ave.**19. (a) **Oct 31 1940** (b) *[Signature]*

2. USUAL RESIDENCE OF DECEASED:

- (a) State **Missouri.** (b) County _____
 (c) City or town **St. Louis.** **5**
(If outside city or town limits, write "RURAL")
 (d) Street No. **1208 N. Union Blvd.**
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **29**
year **1940** hour **12** minute **45** P.M.21. I hereby certify that I attended the deceased from
October 16, 19**40**, to **October 29**, 19**40**;
that I last saw him alive on **October 29**, 19**40**;
and that death occurred on the date and hour stated above.Immediate cause of death **Coronary Occlusion & cardiac decompensation** **2 1/2 hrs**
Duration

Due to _____

Due to _____

Other conditions **Hypertensive cardiovascular disease - Generalized arteriosclerosis**
(Include pregnancy within 3 months of death)Major findings: **Myocardial infarct & dependent edema** **PHYSICIAN**
Of operations _____
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 **F. R. Bradley** (M. D. or other) _____Address **BARNES HOSPITAL** Date signed **10-29-40**

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 Homer L. Ponder
Licensed Embalmer No. 3367
P. O. Address 2223 St. Louis

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.