

JAN 15 1940 791

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County 3  
(b) City or town St. Louis,  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Home for the Aged  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 yr. 11 mo.  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME

JOSIAH MOORE

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased September 20 1864  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>2</u>	<u>24</u>	hr. _____ min.

9. Birthplace Perry County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

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

12. Name Ignatius Moore

13. Birthplace Dont Know.  
(City, town, or county) (State or foreign country)

14. Maiden name Helen Tucker  
(City, town, or county) (State or foreign country)

15. Birthplace Dont Know.  
(City, town, or county) (State or foreign country)

16. (a) Informant Sister Seraphine

(b) Address 3400 So. Grand Blvd.

17. (a) Burial (b) Date thereof Dec. 9 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter & Paul Cem.

18. (a) Signature of funeral director J. N. Eubank & Co.

(b) Address 2842 Meramec St.

19. (a) DEC 8 1940 (b) J. F. Budich  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis, 16  
(If outside city or town limits, write "RURAL")  
(d) Street No. Home for the Aged  
3400 So. Grand Blvd.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 6th  
year 1940 hour 8 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Nov 29 to Dec 6 1940  
and that I last saw her alive on Dec 6 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
Arterio Sclerosis 2 7/8  
Cardio Sclerosis 1 7/8  
Duration

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 930

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? \_\_\_\_\_

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

23. Signature J. F. Budich (M. D. or other) 1/40  
Address Man Club Bldg Date signed 1/7

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

**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.....

Joseph S. Benz

Registered Apprentice No. 178

working under my personal supervision.

Signed.....

*Herman A. Gibken*

Licensed Embalmer No. 2120  
2842, Meramec St.  
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.**