

Registration District No. 789 Primary Registration District No. 300

1. PLACE OF DEATH: **MIAMI OCT 7 1941**

(a) County St. Louis
 (b) City or town Ballwin
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Pine Crest Home - 5
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 weeks (Specify whether years, months or days)
 In this community 6 weeks years, months or days

3. (a) PRINT FULL NAME EMMETT B. MOORE
 3. (b) If veteran, name war no
 3. (c) Social Security No. no

4. Sex M (1) 5. Color or race W
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Winnie Moore
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Sept. 23, 1862
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 4 11 11 hr. min.

9. Birthplace Pike Co., Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation School Teacher

11. Industry or business _____

MOTHER FATHER {
 12. Name Austin C. Moore
 13. Birthplace Unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name Amanda E. Moore
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Lucille Cook
 (b) Address 101 Wilshusen

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-6-1941
 (Month) (Day) (Year)
 (c) Place: burial or cremation Montgomery City, Mo.

18. (a) Signature of funeral director Jay B. Smith
 (b) Address 7456 Manchester

19. (a) SEP - 5 1941 (Date received local registration)
 (b) C. J. McKeown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. L.
 (c) City or town Webster Groves
 (If outside city or town limits, write "RURAL")
 (d) Street No. 101 Wilshusen
 (If rural, give location)
 (e) Citizen of foreign country? / (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 4
 year 1941 hour 5 minute 15 A. M.
 21. I hereby certify that I attended the deceased from July 1941
1941 to Sept 4 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis
 Duration _____
 Due to _____
 Due to _____
 Other conditions Arterio-Sclerosis
 (Include pregnancy within 3 months of death)

PHYSICIAN _____
 Major findings:
 Of operations _____
 Of autopsy _____
 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)
 (c) Means of injury _____
 23. Signature R. W. Jansen (M. D. or other)
 Address Manchester, Mo Date signed 9/11/41

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

600

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.....

J. H. Burgess

Licensed Embalmer No. *4029*

P. O. Address *Maplewood*

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.