

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39117
State File No. _____
Registrar's No. **10641**

FILED DEC 29 1942
Registration District No. **518**

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:
921 Brooklyn St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **45 Years.**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri.** (b) County _____
(c) City or town **St. Louis.** (If outside city or town limits, write "RURAL")
(d) Street No. **921 Brooklyn St.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Dec.** day **20th**
year **1942** hour **11:30** minute **A.** M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Late Samuel Moore.** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **March 23 1868.**
(Month) (Day) (Year)

Immediate cause of death _____
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings:
Of operations _____
Of autopsy _____
Duration _____

8. AGE: Years Months Days If less than one day
74 **8** **27** _____ hr. _____ min.

9. Birthplace **Iowa.** (City, town, or county) (State or foreign country)
10. Usual occupation **Housework.**

11. Industry or business _____
12. Name **John Crispin.**
13. Birthplace **Penn.** (City, town, or county) (State or foreign country)
14. Maiden name **Louise Barter.**
15. Birthplace **Unknown.** (City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant **Alfred Crispin**
(b) Address **921 Brooklyn St.**
17. (a) **Burial** (b) Date thereof **12-22-42.**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Centerpoint, Iowa.**
18. (a) Signature of funeral director **Hy. Leidner Und. Co.**
(b) Address **2223 St. Louis Ave**
19. (a) **1942** (b) **J. F. Bredenk**
(Date received local registrar) (Registrar's signature)

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 **Alfred J. Ferry** (M. D. or other) _____
Address **Deputy Coroner** Date signed **12/21/42**

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. 5223 St. Louis Ave.

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.