V. S. No. 2
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Rev. 5-17-39.
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11484

ED APR 15 1943

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 764

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

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Facility 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm. Feb. 7, 1943.
(Specify whether
In this community since 2/7/43.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 997

(a) State Illinois (b) County Madison 11

(c) City or town Edwardsville 0
(If outside city or town limits, write "RURAL")

(d) Street No. 518 Water Street
(If rural, give location)

(e) Citizen of foreign country? - (Yes or No)

If yes, name country - 2

3. (a) PRINT FULL NAME James L. Moore

3. (b) If veteran, name war Philippine Insurr. 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 Dicie 6. (c) Age of ~~husband or~~ wife if alive 51 years

7. Birth date of deceased January (Month) 11. (Day) 1875 (Year)

8. AGE: Years 68 Months 2 Days 18 If less than one day hr. min.

9. Birthplace Carlinville (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Farmer

11. Industry or business -

FATHER
12. Name Ben Moore
13. Birthplace (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Cassie Shaw
15. Birthplace (City, town, or county) Illinois (State or foreign country)

16. (a) Informant M Schilling
(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/31/43 (Month) (Day) (Year)
(c) Place: burial or cremation Edwardsville, Illinois

18. (a) Signature of funeral director Albert H. Hoppe, Inc
(b) Address 4700 Washington Blvd.,

19. (a) MAR 31 1943 (Date received local registrar) (b) Ed. McGovran Mgr (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29th.
year 1943 hour 12:45 minute p. M.

21. I hereby certify that I attended the deceased from February 7, 1943, to March 29, 1943;
that I last saw him alive on March 29, 1943;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Arteriosclerotic Heart Disease with myocardial damage, insufficiency and Anginal Syndrome	Unknown
Due to	
Due to	
Other conditions Arteriosclerosis, General, Endarteritis, Obliterans (Arteriosclerotic) (Include pregnancy within 3 months of death)	Unknown
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) no

(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)

While at work? Means of injury

23. Signature L. M. COCHRAN, M.D., (M. D. or other)

Address Chief Medical Officer Date signed 3/29/43.

707 (Licensed Embalmer's Statement on Reverse Side)

APR 21 1943

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.....

Licensed Embalmer No.....1861.....

P. O. Address.....

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.