7. S. No. 2
00M—2-43
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30227

REC SEP 17 1943 18

Registration District No. 1003

Primary Registration District No. 1003

Registrar's No. 7997

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3316 Clara Av.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 25 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mo 63

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3316 Clara Ave
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country n

3. (a) PRINT FULL NAME GEORGE A MOORE

3. (b) If veteran, name war no

3. (c) Social Security No.

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Addie Moore

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased July (Month) 24th (Day) 1886 (Year)

8. AGE: Years 57 Months 1 Days 13 If less than one day hr. min.

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

10. Usual occupation Salesman

11. Industry or business Burch Biscuit Co, Chicago, Ills

FATHER
12. Name Daniel Webster Moore
13. Birthplace (City, town, or county) Ills (State or foreign country)

MOTHER
14. Maiden name Elizabeth Elken
15. Birthplace (City, town, or county) Ills (State or foreign country)

16. (a) Informant Addie Moore
(b) Address 3316 Clara Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/9/43 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Calvin F. Pritz
(b) Address 4826 West Bacon Bch

19. (a) SEP 7 1943 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 6th
year 1943 hour 12 minute 15 P.M.

21. I hereby certify that I attended the deceased from Sept 6 1943 to Sept 6 1943
that I last saw h alive on Sept 6 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic glomerulonephritis — Duration
Due to uremia —
Due to
Other conditions Aortic insufficiency
(Include pregnancy within 3 months of death)

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 [signature] (M. D. or other)
Address 707 [illegible] Date signed 9/7/43

(Licensed Embalmer's Statement on Reverse Side)

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 John A. Mlinar, Registered Apprentice No._____, working under my personal supervision.

Signed John A. Mlinar

Licensed Embalmer No. 4186

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.