S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 22 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43343

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11400

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution Park Lane Hospital
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0-0-0

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

19 (d) Street No. 3841 Washington Blvd., 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME William R. Moore, Sr.

3. (b) If veteran, name war No

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

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

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

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

7. Birth date of deceased December (Month) 12 (Day) 1876 (Year)

8. AGE: Years 71 Months 0 Days 1 If less than one day hr. min.

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

10. Usual occupation Retired Engineer

11. Industry or business Stationary

FATHER
12. Name John Moore
13. Birthplace Lebanon (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Hannah Barnes
15. Birthplace Pike County (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Mrs. W. S. Price
(b) Address Columbia, Missouri.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/15/47 (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Hill, Illinois

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

19. (c) DEC 14 1947 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 12
year 1947 hour 9 minute 00 P. A.M.

21. I hereby certify that I attended the deceased from Dec. 9, 1947
, 19, to Dec. 12, 1947
that I last saw him alive on Dec. 12, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Cholecystitis	5 days
Due to Chronic Cholecystitis Non-calculous	10 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature A. C. Malles (M. D. or other) M. D.

Address 819 Union Club Bldg. Date signed 12-13-47

Jefferson City Printing Co.

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Ernest W. Spillard

Licensed Embalmer No. 4080

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.