No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43844

FILED DEC 22 1947

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 2534

1. PLACE OF DEATH:
(a) County St. Louis
(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 Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 27 Days (Specify whether
In this community 27 Days years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5508 St. Louis Avenue 9
(If rural, give location)
(e) Citizen of foreign country? - - (Yes or No) 1
If yes, name country - -

3. (a) PRINT FULL NAME MOORE, Martin P.
3. (b) If veteran, name war WW-1
3. (c) Social Security No. 496-14-7727

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced 3
6. (b) Name of husband or wife -
6. (c) Age of husband or wife if alive years
7. Birth date of deceased November (Month) 6 (Day) 1888 (Year)

8. AGE: Years 59 Months 1 Days 3 If less than one day hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation None
11. Industry or business - -
FATHER
12. Name John Moore
13. Birthplace (City, town, or county) Ireland (State or foreign country) 4
MOTHER
14. Maiden name Mary Duddy
15. Birthplace (City, town, or county) - Ohio (State or foreign country) 1
16. (a) Informant Registrar Genevieve Moore
(b) Address VA Hosp. Jeff. Brks. Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof dec-12-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Brockland U. Co.
(b) Address 1827 Hogan St. St. Louis, Mo.
19. (a) 12-11-47 (Date received local registrar) (b) Cecil A. Shaw MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 9
year 1947 hour 1:25 minute P M.

21. I hereby certify that I attended the deceased from November 13, 1947 to December 9, 1947
that I last saw him alive on December 9, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CEREBRAL THROMBOSIS	
94a	
~~xxx~~ Contributary cause: BRONCHOPNEUMONIA BILATERAL, CORONARY	
~~xxx~~ HEART DISEASE	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: - - Of operations	
Of autopsy Autopsy performed (See cause of Death)	

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) None
(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 0

23. Signature L. E. Stilwell (M. D. or ~~xxxx~~)
Address Jeff. Brks. Mo. Date signed 12/10/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

JUN 5 1953

JAN 7 1948

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 B. W. Wilbur

Licensed Embalmer No. 35-75

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.