

S. No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 23 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

14466

State File No.

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **3458**

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:
Little Sisters of the Poor, 3400 So. Grand.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **8 Weeks,**
(Specify whether
In this community.....
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. **944 Rutger St.,**
23 (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Robert Emmett Moore,**
(b) If veteran, name war.....
(c) Social Security No.

4. Sex **Male,** 5. Color or race **White,**
6. (a) Single, widowed, married, divorced **Widowed.**
6. (b) Name of husband or wife **Mary L. Moore,**
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **February 7, 1870**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	78	2	1	hr. min.

9. Birthplace **Perryville, Missouri,**
(City, town, or county) (State or foreign country)

10. Usual occupation **Cooper, Retired 10 Years,**

11. Industry or business **St. Louis Cooperage Co.**

12. Name **Isador Moore,**

13. Birthplace **Unknown,**
(City, town, or county) (State or foreign country)

14. Maiden name **Drucella Welker,**

15. Birthplace **Unknown,**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Joseph A. Backer,**

(b) Address **5029 Alaska Ave.,**

17. (a) **Burial,** (b) Date thereof **4/12/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery,**

18. (a) Signature of funeral director **Gebken-Benz Mortuary,**
2842 Meramec St.,

(b) Address

19. (a) **APR 10 1948** (Date received local registrar)
J. F. Bruck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **8th**
year **1948** hour **11:00** minute..... M.

21. I hereby certify that I attended the deceased from **6:00 P.M. April 8, 1948**
to **11:00 P.M. April 8, 1948**
that I last saw him alive on.....
and that death occurred on the date and hour stated above.

Immediate cause of death:
Coronary occlusion
myocardial infarct 2 days
Cardiac Arrest
Failure
Arterio Sclerosis 20%

Other conditions (include pregnancy within 3 months of death)
Major findings:
Of operations.....
Of autopsy.....
94

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?

23. Signature **J. F. Bruck** (Specify type of place) (M. D. or D.P.H.)
Address **607 N. Grand** (Specify means of injury) Date signed **4/10/48**

Duration
1 day
2 1/2 days
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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.....me.....

....., Registered Appréntice No.....
working under my personal supervision.

Signed.....Lolon E. Percy.....

Licensed Embalmer No.....~~1219~~ 4094.....

P. O. Address.....2842 Meramec St.,
St. Louis, 18, 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.