

FILED AUG 12 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

1003

Primary Registration District No.

24547

State File No.

Registrar's No.

6896

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 3932 Cora Ave.
 (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)

3. (a) PRINT FULL NAME John A. Moore3. (b) If veteran,
name war.....3. (c) Social Security No.
498-01-0384

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Married
 6. (b) Name of husband or wife Annabelle Hitchcock Moore 6. (c) Age of husband or wife if alive. 45 years
 7. Birth date of deceased 6 17 - 1882
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>ab. 66</u>	<u>1</u>	<u>17</u>	hr.min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Chauffeur11. Industry or business Livery12. Name Alphonse Moore13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)14. Maiden name Mary Condence15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)16. (a) Informant Annabelle Moore(b) Address 3932 Cora Ave.17. (a) Burial (b) Date thereof 8/7/48
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation St. Peters Cem.18. (a) Signature of funeral director Stroot-Carroll(b) Address 4600 Natural Bridge Ave.19. (a) AUG 5 - 1948 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

Missouri
 (a) State Missouri (b) County St. Louis
 (c) City or town 3932 Cora Ave.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 10 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 4
 year 1948 hour 5 minute 45 P. M.

21. I hereby certify that I attended the deceased from March 7, 1946 to April 9, 1948
 that I last saw im alive on Aug 2, 1948
 and that death occurred on the date and hour stated above. Duration

Immediate cause of death chronic myocarditis 2 yrs

Due to.....

Due to.....

Other conditions pinuritis
(Include pregnancy within 3 months of death)Major findings:
Of operations.....

Of autops:.....

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 J. M. Black (M. D. or other)Address 765 N. Thompson Highway Date signed 8/5/48

Open

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.....

J. Allen Davis

..... Licensed Embalmer No. *4953*

P. O. Address *St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.