

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 382 N. Taylor
(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
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 382 N. Taylor Ave. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Harry M. Moore

3. (b) If veteran, name war. 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jamie Moore 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased March 1 1874 (Month) (Day) (Year)

8. AGE: Years 70 Months 10 Days 15 If less than one day hr. min.

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

10. Usual occupation Physician

11. Industry or business

12. Name John W. Moore
13. Birthplace Unknown Mass. (City, town, or county) (State or foreign country)
14. Maiden name Charlotte Curtis
15. Birthplace Unknown Georgia (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. H.M. Moore
(b) Address 382 N. Taylor Ave.
17. (a) Removal (b) Date thereof 1-17-45 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation California, Missouri
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) JAN 17 1945 (b) J. F. Bredebeck (Registrar's signature)

20. DATE OF DEATH: Month Jan. day 16 year 1945 hour 6:29 minute P. M.

21. I hereby certify that I attended the deceased from 1-11-44 to 1-16-45 that I last saw him alive on 1-16-45 and that death occurred on the date and hour stated above.

Immediate cause of death: Ch. Glomeruli Nephritis, Carcinoma of Liver
Due to: Myocardial Infarction
Due to: 124

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations: 124

Of autopsy: 124

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 1-17-45

23. Signature Dr. Goodwin (M. D. or other) 1-17-45
Address 4922 Monmouth Date signed

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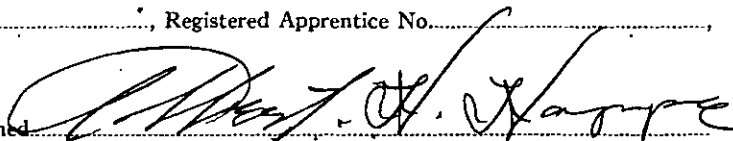
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STATEMENT BY LICENSED EMBALMER

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



Licensed Embalmer No. 1861

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.