MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

44398
Do not use this space.

1. PLACE OF DEATH RECEIVED JAN 5 1939

(a) County Ste. Genevieve 2 Registration District No. 780

(b) Township / Primary Registration District No. 4466 Registered No. 57

(c) City Ste. Genevieve 1 (d) Street No. St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred 60 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME JAMES MOORE

(a) Residence, No. St.

(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
MALE	WHITE	WIDOWER

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MARIE VORST

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV 18 1867

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	71	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. POLICEMAN

9. Industry or business in which work was done, as saw mill, bank, etc. STE. GENEVIEVE MO

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 10 YRS

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. MARY'S MISSOURI 0

FATHER

13. NAME JEFFERY MOORE

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KNOWN 9

MOTHER

15. MAIDEN NAME MARY J CHANDLER

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) FREDERICKTOWN MISSOURI 0

17. INFORMANT JAMES MOORE JR
(ADDRESS) STE. GENEVIEVE MO

18. BURIAL, CREMATION, OR REMOVAL
PLACE STE GENEVIEVE MO DATE JAN 1 '39

19. FUNERAL DIRECTOR (NAME) Leo C. Bader
(ADDRESS) Ste. Genevieve Mo

20. FILED DEC 31 1938 T. W. Douglas
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 29 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 3, 1937, to Dec 29, 1938

I last saw h. in alive on Dec 28, 1938. Death is said to have occurred on the date stated above, at 4:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	
	12 31

Other contributory causes of importance:
Chronic Myocarditis
Chronic Nephritis

Name of operation Exploratory Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. L. Grossmann, M. D.

706 (Address) Ste Genevieve Mo

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.