

CERTIFICATE OF DEATH

MAY 6 1970

Registration District No. **317** Primary Registration District No. **546** Registrar's No. **1866**

DO NOT WRITE ON THIS STUB

VS 300  
Rev. 1/70

1. DECEASED—NAME FIRST MIDDLE LAST <b>GEORGE C. MOORE</b>		2. SEX <b>Male</b>	3. DATE OF DEATH (MONTH, DAY, YEAR) <b>April 30, 1970</b>
4. RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) <b>White</b>	5. AGE—LAST BIRTH (MONTH, DAY, YEAR) <b>88</b>	6. UNDER 1 YEAR MO. DAYS <b>5b.</b>	7. UNDER 1 DAY HOURS MIN. <b>5c.</b>
8. DATE OF BIRTH (MONTH, DAY, YEAR) <b>December 7, 1881</b>		9. COUNTY OF DEATH <b>St. Louis</b>	
10. CITY, TOWN, OR LOCATION OF DEATH <b>Overland</b>		11. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <b>Lackland Nursing Home</b>	
12. STATE OF BIRTH (IF NOT IN U.S.A., NAME AND COUNTRY) <b>Kentucky USA</b>		13. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Married</b>	14. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) <b>Della B. Schultz</b>
15. SOCIAL SECURITY NUMBER <b>694-07-6750</b>		16. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) <b>Tool &amp; Die maker</b>	
17. RESIDENCE—STATE COUNTY <b>Missouri St. Louis</b>		18. KIND OF BUSINESS OR INDUSTRY <b>Tool Mfg.</b>	
19. CITY, TOWN, OR LOCATION <b>Overland</b>		20. INSIDE CITY LIMITS (SPECIFY YES OR NO) <b>Yes</b>	21. STREET AND NUMBER <b>10425 Oak</b>
22. FATHER—NAME FIRST MIDDLE LAST <b>Joseph Moore</b>		23. MOTHER—MAIDEN NAME FIRST MIDDLE LAST <b>Unknown</b>	
24. INFORMANT—NAME <b>Dolores Walter</b>		25. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <b>10425 Oak Overland, Missouri 63114</b>	
26. PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]			
27. IMMEDIATE CAUSE (a) <b>Arterio-Sclerotic Heart Disease 15<sup>th</sup> yrs</b> DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Arterio-Sclerotic-Cardio-Vascular Disease</b> DUE TO, OR AS A CONSEQUENCE OF: (c)			
28. CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (GIVING THE UNDERLYING CAUSE LAST)			
29. PART II. OTHER SIGNIFICANT CONDITIONS; CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)			
30. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) <b>None</b>		31. DATE OF INJURY (MONTH, DAY, YEAR) <b>20b.</b>	32. HOUR <b>20c.</b>
33. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)			
34. INJURY AT WORK (SPECIFY YES OR NO) <b>20d.</b>		35. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) <b>20e.</b>	
36. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) <b>20g.</b>		37. IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS <b>20h.</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
38. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM <b>2-20-70</b> TO <b>4-30-70</b> AND LAST SAW HIM/HER ALIVE ON <b>4-28-70</b> BODY NOT VIEWED THE DAY AFTER DEATH <b>Did Not</b> DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. <b>225 P.M.</b>			
39. CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. <b>225 P.M.</b>			
40. CERTIFIER (NAME (TYPE OF PRINT)) <b>Allen McNearney M.D.</b>		41. SIGNATURE <i>Allen McNearney M.D.</i>	
42. MAILING ADDRESS—CERTIFIER <b>11815 Jerrilen Ct., St. Louis Co., Mo. 63131</b>		43. DEGREE OR TITLE <b>M.D.</b>	
44. BURIAL, CREMATION, REMOVAL (SPECIFY) <b>Burial</b>		45. CEMETERY OR CREMATORY—NAME <b>Laurel Hill Cemetery</b>	
46. DATE (MONTH, DAY, YEAR) <b>May 2, 1970</b>		47. LOCATION CITY OF TOWN STATE <b>St. Louis County Missouri</b>	
48. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <b>Collier Mortuary 10123 St. Charles Rd. St. Ann, Mo. 63074</b>		49. FUNERAL DIRECTOR—SIGNATURE <i>Robert E. Collier</i>	
50. REGISTRAR—SIGNATURE <i>W. J. Murphy</i>		51. DATE RECEIVED BY LOCAL REGISTRAR <b>MAY 1 1970</b>	

4. **400X**  
5. **86**  
**DECEASED**

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.  
**6400X**

**PARENTS**

**CAUSE**

**CERTIFIER**

**BURIAL**

9. **0**  
10a. **88**  
10b.  
11. **1**  
12. **1**  
13. **4123**  
14.  
15. **4**  
16.  
17.  
18. **0**  
19. CREDITS  
20.

Type or print in PERMANENT BLACK INK. See handbook for instructions.

**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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Robert E. Collier

Licensed Embalmer No. 5464

P. O. Address St. Ann

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.