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

Do not use this space.

21741

1. PLACE OF DEATH
County St Louis — Registration District No. 789
Township Central — Primary Registration District No. 60330 — File No.
City — (No. Cleveland & Hoag St., Ward) — Registered No. 161

2. FULL NAME Robert Moore

(a) Residence. No. 9117 Delphine Ave St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 7 - 1928

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ____ hrs. or ____ min.
	—	—	1	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis Co
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Thomas Moore
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Margaret Weber
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Missouri

14. INFORMANT Mr. Thomas Moore
(Address) 9117 Delphine Ave.

15. FILED 6/9, 1928 Della Drace M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 7 1928

17. I HEREBY CERTIFY, That I attended deceased from June 6, 1928, to June 8 1928, that I last saw her alive on June 7, 1928, and that death occurred, on the date stated above, at 12.30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Intracranial Hemorrhage of the New born.

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED —
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? yes DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Sym. & physical Exam.

6/8, 1928 (Signed) John O. Sander, M. D
(Address) Portland Texas

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St Peters Cem — DATE OF BURIAL 6-8 1928

20. UNDERTAKER Geo. L. Pleitsch — ADDRESS 5966 Easton

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.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD