

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.

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

Do not use this space.

22368

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City.....

St. Louis, (No. 4509 Lewis Place)

File No.....

Registered No.....

St.....

Ward.....

2. FULL NAME

(a) Residence. No. #4509 Lewis Place, St. Louis, Mo.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

da.

How long in U.S., if of foreign birth?

yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female. White. Widowed

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

Wm. A. Moore

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

Dec. 12th 1866

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or ... min.

64

6

8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Bassade, Virginia

10. NAME OF FATHER

Wm. P. Goodman

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Virginia

12. MAIDEN NAME OF MOTHER

Polly Harris

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Virginia

14.

INFORMANT

(Address)

Mrs. Grace E. Merriek #4509 Lewis Place.

15.

FILED

N 22 1923

M. C. Stork

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

June 20th 1928

17.

I HEREBY CERTIFY, That I attended deceased from May 2nd 1928, to June 20th 1928

that I last saw him alive on June 13, 1928, and that death occurred, on the date stated above, at 6 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Apoplexy 92.6

CONTRIBUTORY (SECONDARY)

Chronic Endocarditis, rheumatic

(duration) ... yrs. ... mos. ... da. 1

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?

No.

DATE OF.....

WAS THERE AN AUTOPSY?

No.

WHAT TEST CONFIRMED DIAGNOSIS?

Physical examination

(Signed)

M. D. Jennings

M. D.

(Address)

4101 Washington Blvd.

*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

DATE OF BURIAL

Lake Charles Cem.

6-27, 1928.

20. UNDERTAKER

ADDRESS

P. R. Lupton

7449 Street.

1 { #41010 Washington, Blvd.
1-3.