

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

Do not use this space.

38102

1. PLACE OF DEATH  
 County St. Louis Registration District No. 1123  
 Township Carondelet Primary Registration District No. B248 B File No. \_\_\_\_\_  
 City Koch (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Moore, Henry Theodo  
 (a) Residence No. 2935 Pine 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. 9 mos. 10 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 3 1905  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
23 6 8

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Laborer  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Mississippi  
 (STATE OR COUNTRY)

PARENTS  
 10. NAME OF FATHER Hardy Moore  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY)  
 12. MAIDEN NAME OF MOTHER Liza Green  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) La.  
 (STATE OR COUNTRY)

14. INFORMANT E. Koch Hospital Koch Mo.  
 (Address)

15. Nov. 12 1928 L. C. Obrock, Jr. REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 11, '28

17. I HEREBY CERTIFY That I attended deceased from Feb. 1 1928 to Nov. 11 1928  
 that I last saw him alive on Nov. 11 1928, and that death occurred, on the date stated above, at 8:45 P.M. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Acute Myocardial decompensation

34  
38  
About (duration)  yrs.  mo. 10 ds.  
 CONTRIBUTORY (SECONDARY) Chronic Pul. Tbc. & Lues  
About (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH: Unknown

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? Yes  
 WHAT TEST CONFIRMED DIAGNOSIS? X Ray & Sputum  
 (Signed) R. Ehrlich M. D.  
11/11/28 (Address) Koch Hospital.

\*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 Seawary DATE OF BURIAL 11/17 1928  
 20. UNDERTAKER A. Russell Lind Co Pine St. ADDRESS 2732

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

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.

1929

