

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791 1003**

Township..... Primary Registration District No.

City **St. Louis, Mo.** (No. **5600 Arsenal**)

23478

File No.

Registered No. **6985**

St. **14th** Ward

2. FULL NAME

Harvey Moore

(a) Residence. No. **1443 1/2 St. Ferdinand** St., **11** Ward. (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 Male	4. COLOR OR RACE Colored	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) Sept. 4, 1888		
7. AGE	YEARS 40	MONTHS 9
		DAYS 25
	IF LESS than 1 day, hrs. or min.	

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)

Unknown

(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER **Harvey Moore**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Miss**

12. MAIDEN NAME OF MOTHER **Melissa Dawson**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Ill.**

14.

INFORMANT **Lorraine Kroger**
(Address) **5600 Arsenal**

15.

FILED **1929** **May C. Hartley**
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **6/29 1929**

17. I HEREBY CERTIFY, That I attended deceased from **6/20** 1929 to **6/29** 1929 that I last saw him alive on **6/29** 1929 and that death occurred, on the date stated above, at **4:45 P.** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1505 Erysipelas of Face
115 E. (Idiopathic)
(duration) yrs. mos. **16** ds.

CONTRIBUTORY **Ulcerative Stomatitis**
(SECONDARY)
(duration) yrs. mos. **16** ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH **4438 St. Ferdinand**

DID AN OPERATION PRECEDE DEATH? **no** DATE OF **✓**

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS? **none**

(Signed) **Benj. Margulies**, M. D.

6/29, 1929 (Address) **5600 Arsenal St**

*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 **Turrell Ark.** DATE OF BURIAL **July 30 1929**

20. UNDERTAKER **A. L. Beal and Co** ADDRESS **2726 Lucas Ave**

WRITE MAINLY, WITH UPDATING 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.

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