

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

Do not use this space.

28348

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No. **En route Central Hospital # 2**) St. **2** Ward.....

File No.
 Registered No. **8203**

2. FULL NAME

Walter Moore Jr
 (a) Residence. No. **1019 Brooklyn** St., **26** Ward. (If nonresident give city or town and State)
 Length of residence in city or town where death occurred **7** yrs. **0** mos. **0** ds. How long in U.S., if of foreign birth? **7** yrs. **0** mos. **0** ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **Cole** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Single**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Jan 12 - 1930**
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
7 7 2

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

9. BIRTHPLACE (CITY OR TOWN) **St Louis**
 (STATE OR COUNTRY) **Mo**

PARENTS
 10. NAME OF FATHER **Walter Moore**
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) **St Louis**
 (STATE OR COUNTRY) **Mo**
 12. MAIDEN NAME OF MOTHER **Florence Mervest**
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **St Louis**
 (STATE OR COUNTRY) **Mo**

14. **7** INFORMANT **Walter Moore Jr**
 (Address) **1019 Brooklyn St**

15. **AUG 18 1930**
 FILED **Max J. Standley**
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Aug 14 1930**
 17. **No Physician in Attendance**
 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____, **11259**, m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Gastric Enteritis
1193
 (duration) _____ yrs. _____ mos. _____ ds.
 CONTRIBUTORY (SECONDARY) **1136**
 (duration) _____ yrs. _____ mos. _____ ds.
 18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH, _____

8 DID AN OPERATION PRECEDE DEATH. _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS.
 (Signed) **J. W. Kerner M.D.**
8/15/30 (Address) **Dep. Coroner**

*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 **Greenwood Cem** DATE OF BURIAL **8/18 1930**

20. UNDERTAKER **Richardson & Tyler** ADDRESS **1020 Brooklyn St**

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.

1/3