

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

Do not use this space.

14347

1. PLACE OF DEATH

County..... Registration District No.
Township..... Primary Registration District No.
City St. Louis, Mo. (No. 2731 Union)

File No.
Registered No. 3683
St. Ward)

2. FULL NAME

Edward Moore
(a) Residence, No. 2731 Paulton Ave. St. 21 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 <u>Male</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>Ad.</u>	<u>46</u>			
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Labor</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>237</u>			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>La.</u>				
FATHER	13. NAME <u>John Moore</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>La.</u>			
MOTHER	15. MAIDEN NAME <u>Fennetta Meeks</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>La.</u>			
17. INFORMANT <u>Mary Moore</u> (ADDRESS) <u>2731 Paulton Ave. St. Louis, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Washington Park</u> DATE <u>April 15, 1932</u>				
19. UNDERTAKER <u>P. W. Bethune</u> (ADDRESS) <u>3731 Paulton Ave. St. Louis, Mo.</u>				
20. FILED <u>May 20, 1932</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1932 to April 13, 1932
I last saw him alive on April 13, 1932. Death is said to have occurred on the date stated above, at 19a.m.
The principal cause of death and related causes of importance were as follows:
Date of onset 6/2/32

Cancer of stomach
H&B (D)

Other contributory causes of importance:
H&B

Name of operation None Date of no
What test confirmed diagnosis Smear Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury 19.....
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....
(Signed) J. N. Jefferson, M. D.
(Address) 1822 E. N. Jefferson

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.

WHITE PLAIN, WITH CAPADIMMER—THIS IS A PERMANENT RECORD

