

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

Do not use this space.

31245

**1. PLACE OF DEATH**

County St. Louis SEP 13 1934 Registration District No. 791  
Township St. Louis Primary Registration District No. 1003  
City St. Louis (No. St. Marys Germany) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 8545  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Justin H. Moore  
(a) Residence, No. 4536 E. Bellefontaine St. Ward 11  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M. 4. COLOR OR RACE C. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 25 - 1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
37 4 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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) Mississippi

13. NAME Hill Moore

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Deoga Moore  
(ADDRESS) 4536 E. Bellefontaine

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE Aug 23 1934

19. UNDERTAKER C. Young  
(ADDRESS) 4402 Bergmeyer

20. FILED 20 1934 J. P. Brudeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/19 1934

22. I HEREBY CERTIFY, That I attended deceased from 6-27, 1934 to 8-19, 1934  
I last saw him alive on 8-19, 1934 Death is said to have occurred on the date stated above, at 3:47 P.M.  
The principal cause of death and related causes of importance were as follows:

Carcinoma of Liver  
Other contributory causes of importance 44

Name of operation Laparotomy Date of 7-28-34  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (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 Yes  
(Signed) A. N. Vaughan M. D.  
(Address) 1536 Poplar St.  
St. Louis, Mo.

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.

