

MAR 5 1937 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

8662

File No. 2123  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH

County \_\_\_\_\_  
Township \_\_\_\_\_  
City St. Louis (No. \_\_\_\_\_)

Registration District No. 791  
Primary Registration District No. 1003  
Woodbine Hotel

2. FULL NAME Lyman Moore

(a) Residence, No. Woodbine Hotel St. \_\_\_\_\_  
(Usual place of abode) 509 Chestnut 25  
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 White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Unknown
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ?		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 16, 1886		
7. AGE	YEARS 50	MONTHS 4
		DAYS _____
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed	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) Rock Island Illinois	13. NAME Unknown
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown	15. MAIDEN NAME Unknown
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown	17. INFORMANT Mr. Frank Hennerichs (ADDRESS) Jefferson Barracks, Missouri
MOTHER	18. BURIAL, CREMATION, OR REMOVAL PLACE National Cemetery DATE Feb. 22, 1937	19. UNDERTAKER C. Hoffmeister Und. & L. Co. (ADDRESS) 7814 S. Broadway, St. Louis, Mo.
	20. FILED FEB 20 1937 J. Bredeck Registrar	

*No attending physician*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h..... alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 9:40 A.M.

The principal cause of death and related causes of importance were as follows:

*Hemorrhage (subdural) from fracture of skull*

*cause + manner of injury could not be ascertained*

Other contributory causes of importance:

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Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury Feb. 16, 1937  
Where did injury occur? St. Louis Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.  
*found in public place Hotel*

Manner of injury \_\_\_\_\_  
Nature of injury *see above*

24. Was disease of injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) Joseph M. Ziviani, M.D.  
(Address) Deputy coroner

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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