

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

Do not use this space.

1. PLACE OF DEATH **SEP 25 1937**
 County Saint Louis Registration District No. 1123
 Township Carondelet Primary Registration District No. 6248 B
 City Jefferson Barracks (No. V. A. F.) St. _____ Ward _____

File No. 31834
 Registered No. 322

2. FULL NAME Delaren L. MOORE
 (a) Residence, No. 303 South Jefferson Ave., St. Ward. Saint Louis, Missouri.
 (Usual place of abode) Unkn. (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 --
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 14, 1889
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
48 5 26
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Moulder
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bricklaying
 10. Date deceased last worked at this occupation (month and year) about 1934 11. Total time (years) spent in this occupation about 25 yrs.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 11 1937
 22. I HEREBY CERTIFY, That I attended deceased from August 6, 1937 to August 11, 1937
 I last saw him alive on August 11, 1937. Death is said to have occurred on the date stated above, at 6:40 AM
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis; congestive type of cardiac failure with hypertrophy and dilatation, Arteriosclerotic heart.
 Date of onset Unkn.
 Other contributory causes of importance: None

MOTHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pine Bluff, Arkansas.
 FATHER 13. NAME Calvin Moore
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Mississippi
 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Unknown
 17. INFORMANT Clinical Clerk M. Schilling
 (ADDRESS) VAF Jefferson Barracks, Mo.
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE National DATE Aug 13 1937
 19. UNDERTAKER J. W. Hughes
 (ADDRESS) 2620 Canton
 20. FILED Aug 11 1937 Mrs. Gladys Mowry
 Registrar

Name of operation None Date of Phy. clinical manif. and laboratory
 What test confirmed diagnosis? None 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 Chief Med. Officer
 (Signed) C. W. HUGHES, Chief Med. Officer, M. D.
 (Address) VAF Jefferson Barracks, Mo.

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.

