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

NOV 15 1937

Do not write in this space 35725

1. PLACE OF DEATH

(a) County ..... Registration District No. 1003 / 791

(b) Township ..... Primary Registration District No. ..... Registered No. 9302

(c) City St Louis Mo. (d) Street No. At City Hosp. #1, St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred 3 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME HENRY MOORE

(a) Residence, No. 4450 DEBALIVIERE St. 5
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
MALE	WHITE	SINGLE.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APR 10TH 1868

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
69	5	19	

OCCUPATION

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

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

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) MISSOURI.

FATHER

13. NAME JAMES MOORE

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CLEVELAND. OHIO.

MOTHER

15. MAIDEN NAME (UNKNOWN) SINCLAIR

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CLEVELAND, OHIO.

17. INFORMANT (ADDRESS) HENRY S. MILLER 2349 S. 39th ST. ST LOUIS

18. BURIAL, CREMATION, OR REMOVAL
PLACE BELLEVUE OHIO DATE 10-6-37 19

19. FUNERAL DIRECTOR (ADDRESS) MULLEN BROS 4259 LINDELL, BLVD.

20. FILED OCT 4 1937 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 29, 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 7:05 A.M.

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

Date of onset

Fracture of Skull and Haemorrhage, and Lobar Pneumonia, as a result of being struck by a Ford Coupe, driven by one, Robert Ploch, in front of 430 DeBaliviere Av. about 8:20 P.M., Sept. 26, 1937 ACCIDENT.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 9/26/, 1937

Where did injury occur? St. Louis
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury See above

Nature of injury " "

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Alfred J. Terry M. D.

(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

I X12004

STATEMENT BY LICENSED EMBALMER

I, Wm Rogers, Licensed Embalmer No. 3905

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself

L. E. No. or by , Registered Apprentice No.

working under my personal supervision.

Signed W M Rogers

Licensed Embalmer No. 3905

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)