

REC'D MAY 10 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

12589  
 Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
 (b) Township ..... Primary Registration District No. .... Registered No. **3193**  
 (c) City Saint Louis (d) Street No. Homer G. Phillips Hospital 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 Unavailable (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lillian Moore 600

(a) Residence, No. 4011 Enright Avenue St. 11 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED DECEASED HUSBAND OR (OR) WIFE OF Edward James Moore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 10, 1901

7. AGE YEARS 36 MONTHS 4 DAYS 22 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Maid  
 9. Industry or business in which work was done, as saw mill, bank, etc. Mayflower Hotel  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) Memphis (STATE OR COUNTRY) Tennessee

13. NAME W.M. Smith  
 14. BIRTHPLACE (CITY OR TOWN) Oseana (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Maggie Jones  
 16. BIRTHPLACE (CITY OR TOWN) Unavailable (STATE OR COUNTRY) Tennessee

17. INFORMANT Mary Louise Wilson (ADDRESS) 4011 Enright Avenue

18. BURIAL, CREMATION OR REMOVAL PLACE Washington Park DATE April 7, 1938

19. FUNERAL DIRECTOR Charles G. Bates (ADDRESS) 4107 Finney Avenue

20. FILED APR 4 1936 J. Bredek Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....  
 I last saw him alive on ..... 19..... Death is said to have occurred on the date stated above, at 2:00 A.M.  
 The principal cause of death and related causes of importance were as follows:

Cardiac Hypertrophy  
(Hypertensive)  
 Date of onset

Other contributory causes of importance:  
Chronic Passive Congestion of Liver

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? ..... 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 See above  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify .....  
 (Signed) W. H. G. ...  
 (Address) 1300 Clark Avenue  
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.

**STATEMENT BY LICENSED EMBALMER**

I, James A. Johnson, Licensed Embalmer No. 3522

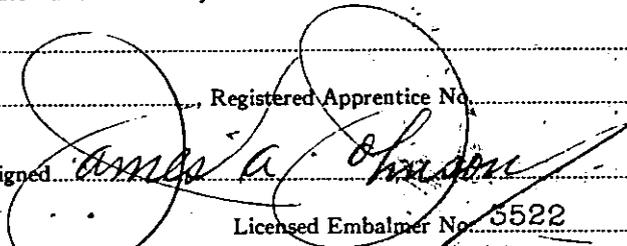
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Self

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed



Licensed Embalmer No. 3522

**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.)**