

REC'D MAY 10 1938

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

13418
Do not use this space.

1. PLACE OF DEATH 4358 Easton

(a) County.....

Registration District No.....

(b) Township.....

Primary Registration District No.....

(c) City St. Louis(d) Street No. 4358 Easton Ave. 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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Samuella Green Moore 600(a) Residence, No. 4358 Easton St. 11

(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 Female 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Albert Kenneth Moore6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 15, 19177. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
21 3 118. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.13. NAME Samuel Green14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT Albert Moore
(ADDRESS) 4358 Easton18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dickson DATE 4/30/3819. FUNERAL DIRECTOR (NAME) E. L. Garner
(ADDRESS) 2829 Washington Ave.20. FILED APR 30 1938 J. B. Brudeck Local Registrar

NO PHYSICIAN STATE ATTENDING

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/26/38 19

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 7:30 A.M.

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

Pulmonary Tuberculosis,Pulmonary Haemorrhage.

Other contributory causes of importance:

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

What test confirmed diagnosis?..... Was there an autopsy? Yes23. 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? No

If so, specify.....

(Signed) Joseph M. Jones, M.D.(Address) Spouty, Conn

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, 3994
Isaac Jerome Manlove, or by

Registered Apprentice No., working under my personal supervision.

Signed Isaac Jerome Manlove

Licensed Embalmer No. 3994

P. O. Address 2829 Washington

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.)

If this body is not embalmed, above space should be left blank.