REC'D AUG 12 1938

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

23543
Do not use this space.

791
1003
6237

1. PLACE OF DEATH
(a) County ..... Registration District No. 1003
(b) Township ..... Primary Registration District No. ..... Registered No. .....
(c) City St Louis (d) Street No. 1428 Hills Terrace 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 Lewis G. Moore 600
(a) Residence, No. 1428 Hills Terrace 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Theodosha Moore
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 9th 1864
7. AGE: YEARS ~~76~~ 74 MONTHS 4 DAYS 2 ~~29~~ If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Watchman
9. Industry or business in which work was done, as saw mill, bank, etc. Gardener
10. Date deceased last worked at this occupation (month and year) Apr. 1938
11. Total time (years) spent in this occupation 18 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill 1

FATHER
13. NAME: Harvey Moore 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not Known 9

MOTHER
15. MAIDEN NAME: Jane Murphy 1
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not Known

17. INFORMANT (ADDRESS): Theodosha Moore 1428 Hills Terrace
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Valhalla Cem DATE July 13 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Fred M Williams 4535 Washington Ave
20. FILED ..... 19 ..... J F Biedeck Local Registrar.

JUL 12 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11 1938

22. I HEREBY CERTIFY, That I attended deceased from March 20 1938, to July 11 1938
I last saw him alive on July 11th 1938. Death is said to have occurred on the date stated above, at 10:50 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute myo-carditis	July 8, 38

Other contributory causes of importance:

Carcinoma of the stomach	Unknown

Name of operation None Date of
What test confirmed diagnosis? Clinical & laboratory 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? No
If so, specify
(Signed) Chester A. Poe, M. D.
(Address) 1506 Hodiamont, St Louis, Mo

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

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, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Guy W Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

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

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