JAN 11 1939

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

40717
Do not use this space.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 10409

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis (d) Street No. Homer 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 19 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Alice Moore
(a) Residence, No. 2946 Thomas St. 21
(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: F
4. COLOR OR RACE: C
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Separated
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: unknown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 12, 1914
7. AGE: Years 24 | Months 10 | Days 18 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: nil
9. 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 occupation:

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

FATHER
13. NAME: Jim Moore
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mississippi

MOTHER
15. MAIDEN NAME: Katy Edwards
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mississippi

17. INFORMANT (ADDRESS): Evelyn Hilliard

18. BURIAL, CREMATION, OR REMOVAL
PLACE Father Dickson DATE 12 - 3 , 19 38

19. FUNERAL DIRECTOR (NAME) Ellis Funeral Home
(ADDRESS) 2820 Stoddard St

20. FILED DEC 2 1938 J. B. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 30 , 19 38

22. I HEREBY CERTIFY, That I attended deceased from Nov. 6, 19 38 to Nov. 30, 19 38
I last saw her alive on Nov. 30, 19 38 Death is said to have occurred on the date stated above, at 8:30p m.
The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis — Date of onset 11/6/38

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? clinical 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
(Signed) H. J. Lyman, M. D.
(Address) 2601 N. Whitaker

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

1 X14028

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, Lonnie Boykin, or by myself,

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

Signed Lonnie Boykin

Licensed Embalmer No. 2946

P. O. Address St Louis Mo.

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.