

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS**

147  
Do not use this space.

**CERTIFICATE OF DEATH**

1. PLACE OF DEATH Enroute To Home Phillips 791  
 (a) County ..... Registration District No. ....  
 (b) Township ..... Primary Registration District No. 1003 Registered No. 147  
 (c) City ST. LOUIS (d) Street No. .... St. ....  
 (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 Robert / Moore  
 (a) Residence, No. 1233 A. N. 18<sup>th</sup> ST St. 21 (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 MALE 4. COLOR OR RACE COL 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) UNKNOWN  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. abt. 36 - -  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. W.P.A. LABOR  
 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) ALA.

FATHER 13. NAME UNKNOWN

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

MOTHER 15. MAIDEN NAME POLLY

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT Comelie Mayfield  
 (ADDRESS) 1233 A. N. 18<sup>th</sup> ST.

18. BURIAL, CREMATION, OR REMOVAL PLACE WASHINGTON PARK DATE 1-5-39

19. FUNERAL DIRECTOR (NAME) E. L. JARNER  
 (ADDRESS) 2829 WASHINGTON

20. FILED JAN 4 1939 J. D. Butler Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 29, 1938

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 4:30 P.M.

The principal cause of death and related causes of importance were as follows:  
Internal hemorrhage from bullet wound of liver and heart, suffered when shot with gun in the hands of one, Bud Williams, Col., in rear of 1243 N. 18th Street, about 4:30 P.M., December 29th, 1938.  
**HOMICIDE.**

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? homicide Date of injury 12-29-1938

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

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

Manner of injury see above  
 Nature of injury ..... ff ..... ff

24. Was disease or injury in any way related to occupation of deceased? .....  
 If so, specify \_\_\_\_\_

(Signed) Bud Perry  
 (Address) 4 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 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

*Arthur L. Hilliard*

Licensed Embalmer No. *3389*

P. O. Address *3028 Dickson*

**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.**