

Registration District No.

1003

Primary Registration District No.

Registrar's No.

8006

## 1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
3430 Lucas  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether  In this community \_\_\_\_\_  
 years, months or days)

3. (a) PRINT FULL NAME Myrtle Smith Moore

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Jimmie Moore 6. (c) Age of husband or wife if alive unk years7. Birth date of deceased Sept 29 1912  
(Month) (Day) (Year)8. AGE: Years 26 Months 11 Days 13 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_9. Birthplace Unknown Miss  
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name John Lawrence13. Birthplace Unknown Miss  
(City, town, or county) (State or foreign country)14. Maiden name Margaret Connor15. Birthplace Unknown Miss  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Ethel M. S. Chase(b) Address 3430 Lucas, Ave17. (a) \_\_\_\_\_ (b) Date thereof 9/17 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Washington Park18. (a) Signature of funeral director Engelbert(b) Address 9931 Fox Bay19. (a) SEP 17 1939 (b) J. B. Benedict  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County \_\_\_\_\_  
 (c) City or town St. Louis 20  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3430 Lucas  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept 12 day Sept  
year 1939 hour 7 minute 30 A. M.21. I hereby certify that I attended the deceased from Aug 30, 1939, to Aug 31, 1939, that I last saw her alive on Aug 31, 1939, and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Tuberculosis Pulmonary 4 mos

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

## 22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature C. B. Poor (M. D. or other) \_\_\_\_\_Address 17303 Franklin Ave Date signed 9-16-39

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.....

*Louis V. Atkins*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Louis V. Atkins*

Licensed Embalmer No.....

*2842-*

P. O. Address.....

*3644 Finney*

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.