S. No. 2
—11-10-39
. 5-17-39
I X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 12 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5026

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 1856

1. PLACE OF DEATH:

(a) County 16 N.Compton Ave,

(b) City or town St Louis, Mo. 2

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: XXX

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XXX (Specify whether

In this community 10 years

years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County

(c) City or town St Louis, 21

(If outside city or town limits write "RURAL")

(d) Street No. 16.N.Compton, Ave,

(If rural, give location)

(e) If foreign born, how long in U. S. A.? U.S.A. years.

3. (a) PRINT FULL NAME 600 Ellen Moore.

3. (b) If veteran, name war XXX

3. (c) Social Security No. XXX

4. Sex Female

5. Color or race col

6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife Dave Moore, deceased

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Mar (Month) 10th, (Day) 1847. (Year)

8. AGE: Years 92 Months 11 Days 7 If less than one day hr. min.

9. Birthplace Rankin, County, (City, town, or county) Miss. (State or foreign country)

10. Usual occupation Domestic Duties,

11. Industry or business home-life,

FATHER
12. Name ---- Carter,
13. Birthplace Rankin, County, (City, town, or county) Miss. (State or foreign country)

MOTHER
14. Maiden name do not know,
15. Birthplace Rankin, County, (City, town, or county) Miss. (State or foreign country)

16. (a) Informant X Lenisa Smith

(b) Address 16 .N.Compton Ave.St Louis, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation Bolton, Miss.

18. (a) Signature of funeral director Lee J. Sneed

(b) Address 2812, Thomas, St, St Louis,

19. (a) FEB 23 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 17th year 1940 hour 10.00. minute P. M.

21. I hereby certify that I attended the deceased from 1/10/40, 19__, to 2/7/40, 19__; that I last saw her alive on 2/17/40, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis following Bronchial Pneumonia — Duration 1 Mo

Due to

Due to Hypertension, hemoplegia from 3 yrs.

Other conditions (Include pregnancy within 3 months of death) Cerebral hemorrhage

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Vaughn C. Payne (M. D. or other)

Address 3146 a Lacled e Date signed 2/21/40

(Licensed Embalmer's Statement on Reverse Side)

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

Myself, Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No. 2266.

P. O. Address 2812, Thomas, St,

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.