

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

SEP 23 1940

State File No.

1003

6690

Registration District No. 791

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: HOMER G. PHILLIPS
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 HRS
(Specify whether)

In this community 15 yrs
years, months or days

8. (a) PRINT FULL NAME BISHOP B. MOORE

8. (b) If veteran, name war - no

8. (c) Social Security No. Lost

4. Sex <u>MALE</u>	5. Color or race <u>col</u>	6. (a) Single, widowed, married, divorced <u>single</u>
6. (b) Name of husband or wife		6. (c) Age of husband or wife if alive <u>years</u>

7. Birth date of deceased NOV 11 1892
(Month) (Day) (Year)

8. AGE: Years <u>47</u>	Months <u>8</u>	Days <u>21</u>	If less than one day hr. <u>5</u> min.
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9. Birthplace Miller Co Ark
(City, town, or county) (State or foreign country)

10. Usual occupation Decorator

11. Industry or business

MOTHER FATHER

12. Name Henry Moore

13. Birthplace Ark
(City, town, or county) (State or foreign country)

14. Maiden name Mattie Bennett

15. Birthplace Jackson Miss
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mahdean Hambley

(b) Address 2803 A Chouteau

17. (a) burial (b) Date thereof aug 21
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director J. J. Gray

(b) Address 2769 Chouteau

19. (a) AUG 6 1940 (b) J. T. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

(c) City or town St. Louis 22
(If outside city or town limits, write "RURAL")

(d) Street No. 2803 A Chouteau
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month aug day 2
year 1940 hour 1:50 minute 14 M.

21. I hereby certify that I attended the deceased from _____ 19____, to _____ 19____;

that I last saw him alive on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: External hemorrhage following Gun Shot wound of abdomen

Due to Phlebotomy, Pulmonary Oedema and Congestion suffered while shot with stream of bullets from hands of one William Johnson Clin

Duration: _____

Major findings: None at 22:19 hrs. He about 8:35 P.M. Aug. 21

Physician: Homicide

Under the laws of the State of Missouri which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify) Homicide

(b) Date of occurrence 8/21/40

(c) Where and injury occur? St. Louis
(City or town) (County) (State)

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

(Specify type of place) _____
(Specify means of injury) _____

While at work? _____

23. Signature W. H. Perry (M. D. or other)
Address St. Louis Date signed 8/6/40

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

S. J. Watson

Licensee Embalmer No.

2698

P. O. Address

2769 Chouteau

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.