S. No. 2
-11-10-39
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33564

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 8261

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

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

(d) Length of stay: In hospital or institution 19 days (Specify whether In this community 4 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St Louis (If outside city or town limits, write "RURAL") 21

(d) Street No. 2111 Biddle (If rural, give location)

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

3. (a) PRINT FULL NAME Albert Moore

3. (b) If veteran, name war

3. (c) Social Security No. X

4. Sex Male

5. Color or race Col.

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

6. (b) Name of husband or wife Clara Moore

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Nov. (Month) 4th (Day) 1885 (Year)

8. AGE: Years 54 Months 10 Days 24 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business labor

FATHER
12. Name Levy Moore
13. Birthplace (City, town, or county) Miss. (State or foreign country)

MOTHER
14. Maiden name Nettie Johnson
15. Birthplace (City, town, or county) Miss. (State or foreign country)

16. (a) Informant Clara Moore
(b) Address 2111 Biddle, St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 4th 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director E. L. Garner
(b) Address 2829 Washington Ave.

19. (a) OCT 4 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 28 year 1940 hour 12:50 minute A M.

21. I hereby certify that I attended the deceased from Sept 9, 1940, to Sept 28, 1940; that I last saw him alive on Sept 28, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Stomach	1 year
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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 C. Allen (M. D. or other)
Address 2601 N Whittier Date signed 9/30/40

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

Signed Melvin Blackburn

Licensed Embalmer No. 3963

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.