MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

2

FILED DEC 11 1940

Do not use this space. 37049

1. PLACE OF DEATH
   (a) County 2617a Dickson Registration District No. 731
   (b) Township ..... Primary Registration District No. 1003 Registered No. 9325
   (c) or City St. Louis (d) Street No. ..... St.
   (If death occurred in Hospital or Institution, write its name instead of street and number)
   (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 Joe Moore SS 334-09-5437.
   (a) Residence, No. 2617a. Dickson St. 21
   (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: col.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Florence Moore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 11, 1894

7. AGE: YEARS 46 | MONTHS 2 | DAYS 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Steele Mill
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) La. 1

FATHER
13. NAME Abe Moore 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La. 1

MOTHER
15. MAIDEN NAME Jane ?
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La.

17. INFORMANT (ADDRESS) John Moore 2204a Dickson

18. BURIAL, CREMATION, OR REMOVAL
PLACE Jefferson Brks. DATE Nov. 15, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Dement & Son 2631 Wash St.

20. FILED NOV 13 1940 19 J. F. Budeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 9, 1940

22. I HEREBY CERTIFY, That I attended deceased from Oct 21st, 1940 to Nov 9th, 1940
I last saw him alive on Nov 9th, 1940. Death is said to have occurred on the date stated above, at 9.22 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Non-Tuberculous Empyema	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) G. W. Holt, M.D.
(Address) 823 N. 16th St

(Licensed Embalmer's Statement on Reverse Side)

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

I X16605

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~~ L. Bo

....., Registered Apprentice No. [illegible]

working under my personal supervision.

Signed Lorraine Boyhin

Licensed Embalmer No. 29

P. O. Address St. Louis

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

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