No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40589

Registration District No. 7911 Primary Registration District No. 1003 Registrar's No. 10360

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

1. PLACE OF DEATH: ENROUTE Homer Phillips
(a) County
(b) City or town ST Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County
(c) City or town ST Louis 21
(If outside city or town limits, write "RURAL")
(d) Street No. 705 N. Leonard
(If rural, give location)
(e) If foreign born, how long in U.S.A.? years.

3. (a) PRINT FULL NAME Dora Moore
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race Col
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. (Month) 24 (Day) 1883 (Year)

8. AGE: Years 57 Months 1 Days 17 If less than one day hr. min.

9. Birthplace (City, town, or county) Ky. (State or foreign country) 1
10. Usual occupation Laundress
11. Industry or business 1
FATHER
12. Name Eliza Dinning
13. Birthplace (City, town, or county) Ky (State or foreign country) 9
MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Ethel Roberts
(b) Address 1525 Cora
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 17 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Father Dickson
18. (a) Signature of funeral director E. L. Garner
(b) Address 2829 Washington Ave
19. (a) DEC 17 1940 (Date received local registrar) (b) J. A. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11th year 1940 hour 9:15 minute A. M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis;
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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 Alfred Perry (M. D. or other)
Address Deputy Coroner Date signed 12/17/40

(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. 3962

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.