

Registration District No. **791 J**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St Louis**
(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 **24** **das**
In this community **32** yrs (Specify whether years, months or days) **/**

8. (a) PRINT FULL NAME **Mattie Moore**

8. (b) If veteran, name war **No** 8. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **Col.** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Henry Moore** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Feb. 2, 1880**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	60	10	14	hr. _____ min.

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

10. Usual occupation **Cook**

11. Industry or business _____

12. Name **George Terrell**

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

14. Maiden name **Unknown**

15. Birthplace **La.** (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Mattie Moore**

(b) Address **Monk 1314 Austin St**

17. (a) **Jan. 2, 1941** (b) Date thereof **1-2-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington Park**

18. (a) Signature of funeral director **Wright's Funeral Home**

(b) Address **3100 Easton Ave.**

19. (a) **DEC 21 1940** (b) **J. W. Budeck**
(Date received local registrar) (Registrar's signature)

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. **2830 Pine Street**
(If rural, give location) **0**
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **26**
year **1940** hour **9:00** minute _____ P.M.

21. I hereby certify that I attended the deceased from **December 2, 1940** to **December 26, 1940**;
that I last saw her alive on **December 26, 1940**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Thrombosis & Hemiplegia** **24 das**

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? _____

While at work? _____ (Specify type of place) (e) Means of injury **/**

23. Signature **J. W. Budeck** (M. D. or other)
Address **2601 N Whittier** Date signed _____

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.

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.....

William C. McDowell

Registered Apprentice No.....

working under my personal supervision.

Signed *William C. McDowell*

Licensed Embalmer No. *2114*

P. O. Address.....

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.