

No. 2
-13-40
-17-39
X23159

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(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:
Homer G. Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **20 days**
(Specify whether
In this community **30 yrs.**
years, months or days)

3. (a) PRINT FULL NAME **Harvey Moore**

3. (b) If veteran, name war **World War, Vet.** 3. (c) Social Security No. **XXX**

4. Sex **Male** 5. Color or race **col** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Ida Moore.** 6. (c) Age of husband or wife if alive **43** years

7. Birth date of deceased **Oct 7th, 1893.**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	47	3	13	hr. _____ min.

9. Birthplace **High-Point, Miss.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Un-Employed,**

11. Industry or business _____

12. Name **Hillard Moore.**

13. Birthplace **High-Point, Miss.**
(City, town, or county) (State or foreign country)

14. Maiden name **Katie Coleman,**

15. Birthplace **High-Point, Miss.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ida Moore**

(b) Address **2727 A. Lawton, Ave, St. Louis,**

17. (a) **Burial** (b) Date thereof **6/26/1941.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **National Cemetery, Jefferson Barracks**

18. (a) Signature of funeral director **M. J. Fisher**
(b) Address **2812 Thomas, St. Louis, Mo.**

19. (a) **JUN 24 1941** (b) **J. J. Frederick**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **COO**
(c) City or town **St. Louis,** **1321**
(If outside city or town limits, write "RURAL")
(d) Street No. **2727 Lawton**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **21**
year **1941** hour **9:25** minute _____ P.M.

21. I hereby certify that I attended the deceased from **June 1**, 19**41**, to **June 21**, 19**41**; that I last saw him alive on **June 21**, 19**41**; and that death occurred on the date and hour stated above.

Immediate cause of death **Hypertensive Heart Disease**

Duration **Indefinite**

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? _____ (e) Means of injury _____

23. Signature **J. J. Erwin** (M. D. or other)
Address **2607 Whittier** Date signed **6/23/41**

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

MOTHER FATHER

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.....

myself

working under my personal supervision.

....., Registered Apprentice No.....

Signed.....

.....
Licensed Embalmer No.....

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, fact should be so stated above.