

No. 2
1-4-41
17-39
X26390

FILED AUG 28 1941-791

1003

6233

Registration District No.

Primary Registration District No.

Registrar's No.

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:
Homer G. Phillips Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 21 Hrs. & 22 Min.
(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
(If outside city or town limits, write "RURAL")
(d) Street No. 3022 Rutger
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Joe Robert Moore

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month June day 18
year 1941 hour 5 minute 50 P. M.

21. I hereby certify that I attended the deceased from 6-17, 1941 to 6-18, 1941
that I last saw him alive on 6-18, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity Duration _____

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced. W

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

7. Birth date of deceased: 6 17 41
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 21 hrs. 22 min.

9. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name William Moore

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

14. Maiden name Inez Stowers Miss.

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

16. (a) Informant Father Marya Sherard

(b) Address 2601 N. Whittier

17. (a) Burial (b) Date thereof 7-31-41
(Burial, cremation, or removal) (City) (Day) (Year)

(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director Dr. Hamilton

(b) Address City Health Dept

19. (a) JUL 30 1941 (b) J. F. Orwick
(Date received local registrar) (Registrar's signature)

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? _____

23. Signature Levin Hodder (M. D. or other) _____

Address St. Louis Date signed _____

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

3
17

0-6
17
189

159

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.....

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.