

FILED JUN 10 1942

Registration District No.

Primary Registration District No.

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:
Isolation Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **7 1/2 days**
(Specify whether
In this community **Life**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **1417 N Sarah**
(If rural, give location)
(e) Citizen of foreign country? **11** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Wilbert Jacob Moore,**
3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex **Male** 2 5. Color or race **Colored** 6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased **October 12 1941**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	0	7	8	hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER {
12. Name **Jacob Moore**
13. Birthplace **Louisiana** (City, town, or county) (State or foreign country)
14. Maiden name **Ora Lee Certain**
15. Birthplace **Memphis Tennessee** (City, town, or county) (State or foreign country)

16. (a) Informant **Henrietta Buchanan**
(b) Address **Isolation Hospital**

17. (a) (Burial, cremation, or removal) **5** (b) Date thereof **5-25-42**
(Month) (Day) (Year)
(c) Place: burial or cremation **Washington Park**

18. (a) Signature of funeral director **A. F. Walton**
(b) Address **2707 Stoddard St**

19. (a) **MAY 23 1942** (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **21** year **42** hour **6** minute **30** A. M.
21. I hereby certify that I attended the deceased from **May 13, 1942** to **May 21, 1942**
that I last saw him alive on **5-20-42**, 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death **Pertussis**
Whooping cough
Due to
Due to
Other conditions **Broncho pneumonia**
(Include pregnancy within 5 months of death)

Duration

Major findings:
Of operations
Of autopsy **Broncho pneumonia**

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 **D**

23. Signature **P. B. Maxwell** (M. D. or other)
Address **5600 General St.** Date signed **5/23/42**

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

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

Arthur L. Hilliard

Licensed Embalmer No.

4221

P. O. Address

2649th Delmar Rd

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 104 67
Registrar's No. 4527

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Isolation Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 1/2 da
(Specify whether Life)
In this community
years, months or days

3. (a) PRINT FULL NAME Wilbert J. Moore
3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex m 5. Color or race B 6. (a) Single, widowed, married, divorced or
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct 19 - 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day min.
- 7 11 11

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

10. Usual occupation
11. Industry or business

MOTHER FATHER

12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant (b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director (b) Address

19. (a) 17 10 12 (b) J. F. Bradick
(Date given local registrar) (Registrar's signature)

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. 1417 N. Sarah
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 21
year 1942 hour minute 30 a. M.

21. I hereby certify that I attended the deceased from 19.....
that I last saw him/her live on 19.....
and that death occurred on the date and hour stated above.
Immediate cause of death

Duration

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations
Of autopsy

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 (M. D. or other)
Address Date signed

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

SUPPLEMENTARY

1942
S-16467