

JUL 13 1942  
Registration District No. 791

Primary Registration District No. 1003

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

10  
17  
9  
143

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:  
City Hospital #1 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 Hours  
(Specify whether  
In this community Life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 006  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL") 926  
(d) Street No. 1204 A North Market  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Lindel Ray Moore

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

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

7. Birth date of deceased April 10, 1942  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 2 13 hr. min.

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

10. Usual occupation Infant

11. Industry or business Nil

MOTHER FATHER {  
12. Name Willis R. Moore  
13. Birthplace Holcomb Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Dorothy Bomack  
15. Birthplace Cairo Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Willis R. Moore

(b) Address 1204A North Market

17. (a) Burial (b) Date thereof June 25, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews

18. (a) Signature of funeral William M. Langford

(b) Address 2301 Lafayette

19. (a) JUN 2 (b) J. F. Brediek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24  
year 1942 hour 4 minute 00

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....

that I last saw him..... alive on....., 19....., and that death occurred on the date and hour stated above.

Immediate cause of death.....

Due to Baruch's Pneumonia  
allergic  
pneumonia

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations Pending  
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?.....

While at work..... (Specify type of place) (e) Means of injury 3

23. Signature Thomas F. Callahan (M.D. or other)

Address Deputy Coroner Date signed 6/24/42

**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

*Paul A. Keith*

Licensed Embalmer No.

*3617*

P. O. Address

*2317 Lafayette*

**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.**