

Filed **JUN 28 1942**

STANDARD CERTIFICATE OF DEATH

1003

State File No.

6016

Registration District No.

Primary Registration District No.

Registrar's 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:
Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community 4 years
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. 2827 Dickson
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Gib Moore

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

4. Sex Male 2 5. Color or race colored
 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife. Mrs. Lora Moore.
 6. (c) Age of husband or wife if alive. 46 years

7. Birth date of deceased. June 18th, 1894.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>48</u>	<u>0</u>	<u>26</u>hr.min.

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

10. Usual occupation Chauffeur,

11. Industry or business

MOTHER FATHER {
 12. Name John Moore.
 13. Birthplace Giles County, Tenn. /
(City, town, or county) (State or foreign country)
 14. Maiden name Ellen McGee.
 15. Birthplace Tiptonville, Tenn. /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lora Moore
 (b) Address 2926 a. Dickson, St. St. Louis, Mo.

17. (a) shipping (b) Date thereof 7/19/42.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sikeston, Mo.

18. (a) Signature of funeral director R. O. Houtman
 (b) Address 2812 Thomas, St. St. Louis, Mo.

19. (a) JUL 16 1942 (b) J. F. Briscoe
(Date received by Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14,
 year 1942 hour 12 minute 35 A.M.

21. I hereby certify that I attended the deceased from June
12, 19 42 to July 14, 19 42;
 that I last saw h. im. alive on July 14, 19 42
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
Prob. Carcinoma of Liver

Duration

Unknown

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. E. Smith (M. D. or other)
 Address 2601 N. Whittier Date signed 7/14/42

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 *Myself*

Signed..... *[Signature]*
Licensed Embalmer No. *2266*
P. O. Address..... *2812, Thruway, Elmhurst*

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.