V. S. No. 2
OM—9-4-41
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 28 1942 318

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32079

Primary Registration District No. 1003

Registrar's No. 8523

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 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 About 30 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17

(c) City or town St Louis Mo 21 9 (If outside city or town limits, write "RURAL")

(d) Street No. 6I7 North Euing (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Irene Janury

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race 3 Col

6. (a) Single, widowed, married, divorced 2 Widow

6. (b) Name of husband or wife

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

7. Birth date of deceased 4 (Month) 20 (Day) 1881 (Year)

8. AGE: Years 6I Months 5 Days 22 If less than one day hr. min.

9. Birthplace Brownsville Tenn (City, town, or county) 1 (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Henry Moore
13. Birthplace Tenn (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Annie Taylor
15. Birthplace Tenn (City, town, or county) 1 (State or foreign country)

16. (a) Informant Ida Wade Mays
(b) Address 6I7 North Euing

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/ 15/42 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem

18. (a) Signature of funeral director Pinkie L Toney
(b) Address 3I29 Lucas Ave

19. (a) OCT 14 1942 (Date received local registrar) (b) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 12 year 1942 hour 4 minute 10 P M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 that I last saw h alive on , 19 and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Cerebral Apoplexy

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Alfred G Perry (M. D. or other)

Address Dept of Com Date signed 10/13/42

(Licensed Embalmer's Statement on Reverse Side)

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, ~~only~~ me

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

working under my personal supervision.

Signed Clark Young

Licensed Embalmer No. 337

P. O. Address St. Louis

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.