

FILED APR 3 1948 318

Primary Registration District No. 1005

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 3 days
In this community 40 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Lindsey Moore

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

4. Sex Male 5. Color or Race 2 race Negro 6. (a) Single, widowed, married, divorced 1 divorced Married
6. (b) Name of husband or wife MARY MOORE 6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased unknown
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
abt. 71 hr. _____ min.

9. Birthplace Ala-1
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business RETIRED

MOTHER FATHER { 12. Name Stark Moore
13. Birthplace Ala 1
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace Ala 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Moore
(b) Address 2938 Pine St

17. (a) Burial (b) Date thereof 3-25-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Atkins Bros
(b) Address 3644 Figney Ave

19. (a) MAR 25 1943 (b) J. R. Bedard
(Date received 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. 2938 Pine St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20,
year 1943 hour 2 minute 10 A. M.

21. I hereby certify that I attended the deceased from March 17,
1943, to March 20, 1943
that I last saw him alive on March 20, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease
Chr. Nephritis

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 S. E. Smith (M. D. or other)
Address 2601 Whittier Date signed 3/23/43

Duration
Unk.
Unk.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Louis V. Altman
Licensed Embalmer No. 2842
P. O. Address 3644 Finney Ave

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.